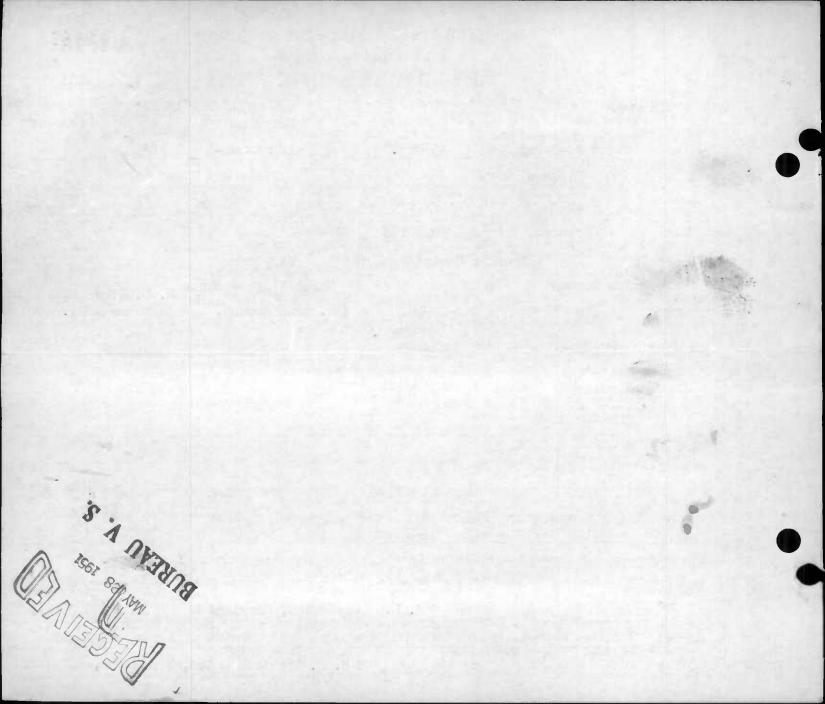
The correct age

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04840

I. PLACE OF DEATH- COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Frederick
OR give nearest town Rural RD#1 LENGTH OF STAY Adams town-Rural RD#1 Like this place)	OR Adamstown-Rural RD#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pleasant View	STREET (If rural, give location) ADDRESS Pleasant View	
3. NAME OF (First) (Middle) DECEASED (Type or Print) ARTHUR FREDERICK	AMBUSH 4. DATE (Month) OF DEATH 5	(Day) (Year) 24 151
Male Colored 7. SHRCLE MARRIED WIDOWED D WORKED (Specify) MATTIED	8. DATE OF BIRTH 9. AGE iast birthday If under Months Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, everyif retired) INDUSTRY DOMESTIC - In Additional Transcis Scott Key Hot	el Maryland (COUNTRY! USA
Frederick Ambush	Sarah Ellen Jackson	# ⊐
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no. of unknown) (If yes, give war or dates of 218-24-9844	Mrs. Anna Ambush, Adamstown	•
I8. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) & Aranic my	l.t.	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	ocarquips	a grane
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	tation heart.	4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 8
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Thay 2		
alive on May ZZ., 1967, and that death occurred at	ADDRESS Am., from the causes and on the date sta	ated above. DATE SIGNED
	Frederick, Maryland 25	
Buffafar (Specify) 28 May 1951 Colored Cem		ryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 May 1951 Emalutte & Heck.	M. R. Etchison & Son, Frederick	, Maryland
	72083	36



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

	negi Dian 110.	
1. PLACE OF DEATH- COUNTY 1	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	0 00
MARYLAND	Mangland	Corroce
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this piace)	OR (If outside corporate fights, write RURAL and give	nearest town)
JOHN ABFORBILL	TOWN Sypesville	
INSTITUTION OR Frederick City Hospital	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) STANLEY R. (HOOL	BAKER DEATH MAY	3 195/
		year If under 24 hrs.
male 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED BIVORCED, (Specify)	6-30-1938 12 yrs. Months I	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business on Industry		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Howard F. Hood	Mary Gerst	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, go, or unknown) (If yes, give war or dates of none	Jas. O. Baker, Sykesville,	Md.
IR. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
		ONSET AND DEATH
Immediate cause (a) Dulle	wound I head	
716 6		
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the shove cause		0 0 0 0 0 · · · · · · · · · · · · · · ·
stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		A.4
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No 🗆
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	Sykesville	Md.
TIME (Month) (Day) (Year) AHOUTOK INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY May 2, 1951 -8. 30. pm work at work	firearms (5/37/53	
	(8/11/01 & 60)	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	utopsy , inspection , inquiry thereon and fr	om the evidence
from: natural causes \square , occident \square , suicide \square , homicide \square ,		ninion resuited
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stanley K. Dundoclar M.D.	700 Fleet St. a Batt Ond	101 - 3
	the state of the s	May 3,195
PEMANA (Supply)	RY OR CREMATORY LOCATION (City, town, or county)	(State)
1) 1 1/11 1 200110201	Carroll Co. Md	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
4 May 1951 Elizabeth J. Heck	C. M. Waltz, Winfield,	Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

7

The correct age

BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital STREET ADDRESS Frederick Memorial Hospital New Hospital OF STREET ADDRESS Frederick Memorial Hospital Middle) (Last) 4.0 Memorial Memoria	COUNTY Frederic. write RURAL and give nearest town) frural, give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital 3. NAME OF DECEASED COMPANY OF OFF	(f rural, give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital 3. NAME OF DECEASED (Middle) (Last) 4. DA OF	
INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital ADDRESS 429 West Sc 3. NAME OF CHORDWAY (Middle) (Last) 4. DR	
STREET ADDRESS Frederick Memorial Hospital II 429 West Sc. 3. NAME OF (First) (Middle) (Last) 4. DA OF	and hard of the same of the sa
DECEASED	uth Street
(Type or Print) GERTRUDE S. BOWERS DE	May 20 19
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE	last birthday If under 1 year If under 24 h
Female White Wibewith Divorced June 27, 1876	7) yrs. Months Days Hours M
On USUAL OCCUPATION (Give kind of work 10b. Kind of Business on 146 BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHA
done during most of working life, even if retired) INDUSTRY Own Home Karyland	COUNTRY? USA
3. FATHER'S NAME (14. MOTHER'S MAIDEN NAME	UOA
Edward Davis Catharine Pedd	icord
5. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRE	SS
No. or unknown) (If yes, give war or dates of None Raymond E. Bowers,	
18. MEDICAL CERTIFICATION	rederion, mary and
. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
Immediate cause (a) Cerebral Hemorrhage	
31X Antoeodont enuso(s)	l wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	20. AUTOPSY?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	20. AUTOPSY?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	20. AUTOPSY?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (CITY OR TOWN)	20. AUTOPSY? Yes No.X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct ag

The

VS. A15



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04843

1. PLACE OF DEATH- COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY	Frederick
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick Linisplace)	OR Frederick	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DA Frederick Memorial Hospital	STREET (If rural, give location) ADDRESS 321 North Bentz Street	
3. NAME OF Also known as Frank (Gidd Brashears (Type or Print) CURTIS FRANKLIN	(Last) 4. DATE (Month) OF DEATH 5	(Day) (Year) 30 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under 1 19 Nov 1896 54 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Onstruction	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James W. Brashears	Anna E. Bruner	entz St.,
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes, give war or dates of 217-05-0893	Mrs. Alverta Brashears, Frederic	
18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Thromborer	ONSET AND DEATH
Immediate cause (a)		- 1999 Ad him Ad Ad 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause	**************************************	***************************************
1952 stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	8th Out Misele.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No fix
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May	, 19.51, to May 30, 1951, that I last sa	w the deceased
alive on Thuy 14, 195, and that death occurred at 12 (Degree or title)	2:15 A m., from the causes and on the date sta	ted above. DATE SIGNED
H Laurence Fahrney N. D.	Frederick, Maryland 3	1 May 1951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) Burial June 1951 Methodist (RY OR CREMATORY LOCATION (City, town, or county	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1- Cline 195- Elizabeth y Heck.	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick	ADDRESS
- June 1121 : Canadata D. Marke.	610	246



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04844

Reg. Dist. No. 141

541506

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	-,
CITY (If outside corporate limits; write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
OR give nearest own) TOWN TOW	TOWN BRUNSWICK	200.000
INSTITUTION OR E. Bound 144 mp - try ne	STREET (If rural give location)	
STREET ADDRESS B. V. D. R. C. COL /	JS4 W. Totoma	
OFFICE OF THE OF THE OFFICE OF	(Last) 4. DATE (Month) OF	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATH OF BIRTH 9. AGE last birthday [If under	2 / 195 /
MIDOWED DIVORCED, (Specify)	6-27-89 61 yrs. Mgnths	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dead during most of working life, even if retired) 10b. Kind of Business of Industry RR Co	M, ,	COUNTEY?
13. FATHER'S NAME BYORK CO	14. MOTHER'S MAIDEN NAME.	4.5/7.
Miles Burgee	Ida Davis	*
15. WAS DECEASED EVER IN U.S. ARMED BURGES? 16. SOCIAL SECURITY NO. (Yes, no of unknown) (If yes, give war or dates of	17 INFORMANT AND ADDRESS	BRITEWER
service)	17 Ks. Cora Spyrrier Burgec	190
18. MEDICAL CENT. 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN
DINEASES OR COMPITIONS DIRECTLY LEADING TO DEATH	a ser er l.	ONSET AND DEATH
Immediate cause (a) Colivación	if occupion the	4/14
420. / Antecedent cause(s)		- real
Diseases or conditions, if any, (b)	**************************************	. •• •• •• •• 10.0000 0.000 000000 00000 000
740 stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street	A COUNTY OF TOWN	Yes No No
PRIMARY OR CONTRIBUTING OF office big, etc.	Busunk Fredery	(STATE)
OFF (Month) (Day) (Year) (Hour) INJURY OCCURRED While work at work	HOW DID INJURY OCCUR?	1
22. I certify that I took charge of the remains described above, held an A	utopsy Inspection & Inquiry & thereon and	from the evidence
outlinea by said Autopsy, Inspection or Inquiry, find that said decen	used died on the dry stated above and death in my	opinion resulted
from: natural causes occident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
DR. R. W. BAER Pursons	Fredenich will s	17 167
23. BURIAL, CREMATION DATE THERESTAMINIAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
Turia (Specify) 5-23-51 Marvin	Chapel Plane #4	Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRES
any of stillary N. Monn	Chitecle + Dro Brown	1 che / 10.

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Prince
rrederick	MARYLAND	Maryland George's
OR give nearest town)	(in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN	om 5-11-51	Town Berwyn
HOSPITAL OR INSTITUTION OR	to 5-30-51	STREET (If rural, give location)
STREET ADDRESS State Sanato	rium	ADDRESS 4906 Huron Street
3. NAME OF (First)	(Middie)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Mary		Cassell DEATH May 30 1951
5. SEX 6. COLOR OR RACE 7	SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 brs.
Female White	WIDOWED DIVORCED, (Specify) Married	Apr. 17. 1911 40 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 1	0b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired)	INDUSTRY	Virginia Country? U.S.
13. FATHEL S NAME		14. MOTHER'S MAIDEN NAME
Frank Fisher		Catherine Rosenburger
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If year, give war or dates of	Lost	Howard Cassell - husband
NO service)	1020	1 Howard Cassett - husband
	18. MEDICAL CE	
1. DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH	ONSET AND DEATH
4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	P117m	onary Tuberculosis About 2 yrs
Immediate cause (a)		ondry inderediosis appulately is
Antecedent cause(s)		
Discourse anditions if any (b)		
Diseases or conditions, if any, giving rise to the above cause	**************************************	***************************************
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS	.so o coo coo co co co co co e a co co co e a co co e e a co co e e a co e e e e e e e e e e e e e e e e e e	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION	20. AUTOPSY?
S		Yes No X
21. ACCIDENT (Specify) PLACE	(Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF INJUR	office bidg., etc.)	
TIME (Month) (Day) (Year) (Hour) I	NJURY OCCURRED	I HOW DID INJURY OCCUR?
OF V	Vhile at Not While Work ☐ At work ☐	
INJURY m.	WORK AC WORK	
22 I hereby certify that I attended the	deceased from May 11	L., 19.51, toMay 30, 19.51, that I last saw the deceased
22. I Hereby certain that a described the	account i oiii.nnn g	
	that death occurred at	5.50a.m., from the causes and on the date stated above.
alive on May 30 , 19.51, and SIGNATURE	that death occurred at	ADDRESS DATE SIGNED
	that death occurred at	
SIGNATURE J. J. Ly	Re (Degree or title)	State Sanatorium, Md. 6-1-51
SIGNATURE J. J. Ly	(Degree or title) NAME OF CEMETE	State Sanatorium, Md. 6-1-51 RY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL CREMATION DATE BUT 121 (Specify) 6-2-51	NAME OF CEMETE Cedar Hill	State Sanatorium, Md. 6-1-51 RY OR CREMATORY LOCATION (City, town, or county) (State) Cemetery Prince George's Co., Md.
23. BURIAL CREMATION DATE BUT121 (Specify) 6-2-51 DATE REC'D BY LOCAL REGISTBARY SI	NAME OF CEMETE Cedar Hill GNATURE	State Sanatorium, Md. 6-1-51 RY OR CREMATORY LOCATION (City, town, or county) (State) Cemetery Prince George's Co., Md. 24. FUNERAL DIRECTOR ADDRESS
23. BURIAL, CREMATION DATE BUTIAL (Specify) 6-2-51	NAME OF CEMETE Cedar Hill	State Sanatorium, Md. 6-1-51 RY OR CREMATORY LOCATION (City, town, or county) (State) Cemetery Prince George's Co., Md.

MARGIN RESERVED FOR BINDING

The correct age



2411 N. Charles Street, Baltimore

04846

CERTIFICATE OF DEATH

	[-
	information carefully.
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.
	LEASE WRITE PL.

		CERTIFICAT	E OF DEAT	CH	Reg. Dist. No	. 139
	Frederick	MARYLAND	2. USUAL RESIDENCE STATE Mary	and	COUNT	Y Baltimore
CITY (11 outside c OR give nearest TOWN HOSPITAL OR	orporate limits, write RUR. t town)	From 4/26/51	CITY (If outside corporate town Dunds	alk 22	RURAL and give iocation)	ve nearest town)
INSTITUTION O STREET ADDRE	ss State Sana		ADDRESS 6927	Sollers	Point :	Road
3. NAME OF DECEASED (Type or Print)	(First) Anne	(Middle)	(Last) nandlee	4. DATE OF DEATH	(Month) May	(Day) (Year) 1, 19 5]
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIEQ	July 14, 190			1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired) SeW11e	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	or foreign country		2. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAM		er	Unknown	N NAME		
4 TY TO TO TO	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	9 1 16 Cocres Creamping No.	17. INFORMANT Patient			
Immediat Antecede	conditions directly te cause (a) trace (a) trace (a) conditions, if any, (b)	Pulmon		osis	About	INTERVAL BETWEEN ONSET AND DEATH
giving rise t stating the i	to the above cause underlying cause last (c)	42 34 August 20 3 August 2 Aug				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
19a. DATE OF OPE	RATION 19b. MAJOR 1	FINDINGS OF OPERATION				Yes No X
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN)	(COUNTY)	
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?		
22. I hereby cert		e deceased from April				
alive on Ma SIGNATURE	9 19 24, an	d that death occurred atla	ADDRESS State Sana			tated above. DATE SIGNED 5/2/51
23. BURIAL, CREM REMOVAL (Spe	IATION DATE	NAME OF CEMETE	RY OR CREMATORY Memorial Park	LOCATION (Cit	ty, town, or coun	-, , -
DATE REC'D BY REG. 5/1/5			24. FUNERAL DIRECT	ror	1	ADDRESS dalk 22,
and the second s		t				yland

MAY 3 1957. SE

correct

The

PLAINLY, is especially i

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04847

Reg. Dist. No... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Frederick STATE COUNTY Frederick Maryland MARYLAND CHYN (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR givo nearest town) Lime Kiln (in Chia place) Lime Kiln TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS (Middle) (Last) 4. DATE 3. NAME OF (First) (Month) (Day) (Year) DECEASED 31 1,51 LOTTIE LEANORA COOK (Type or Print) DEATH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE iast birthday | If under 1 year | If under 24 hra (Specify) Married Female 2 Jan 1886 Months ! Days | Hours | Min. White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
HOUSE-WIIE INDUSTRY COUNTRY? At Home Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jemimah Orme Curtis Dixon 17. INFORMANT AND ADDRESS
Luther V. Cook, Lime Kiln, Md. 15. WAS DECRASED EVER IN U.S. ARNED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of service) None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No D PLACE (Home, farm, factory, street, OF office hldg., etc.)
INJURY 21. ACCIDENT (CITY OR TOWN) (COUNTY) (STATE) (Specify) HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While INJURY At work Work 5-3/, 195/, that I last saw the deceased 22. I hereby certify that I attended the deceased from: 9:40 Pm., from the causes and on the date stated above.
ADDRESS DATE SIG and that death occurred at alive on DATE SIGNED SIGNATURE (Degree or title) M. D. Frederick, Maryland 1 June 1951 oward LOCATION (City, town, or county) 23. BURIAL, CREMATION DATE THEREOF REMOVAB (Specify) Mount Olivet Cemetery June 1951 Frederick. Maryland 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS DATE REC'D BY LOCAL M. R. Etchison & Son, Frederick, Maryland



correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Pre

04848

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNT	Y
CITY (If outside corporate limits, write RUR. OR give nearest town) TOWN State Sanatorium		CITY (If outside corporate limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cull		STREET (If rural, give location) ADDRESS 518 S. Potomac St.	/
3. NAME OF (First) DECEASED (Type or Print) Joseph	(Middle) S ((Last) 4. DATE (Month) OF DEATH May	(Day) (Year) 29 1951
Male 6. COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under Months 57 yrs.	l year If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Nanticoke, Pa.	2. CITIZEN OF WHAT COUNTRY? U.S.
Andrew Cywinski		Mary Rogacki	
15. Was Decrased Ever In U.S. Armed Forces (Yes, no, or unknown) (If year, give war or dates of Service)		Mrs. Martha Cywinski, wif	e
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a)	18. MEDICAL CE LEADING TO DEATH Pulmonary Tube		INTERVAL BETWEEN ONSET AND DEATH About 10 Yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.		
19a. DATE OF OPERATION 19b. MAJOR F			20. AUTOPSY? Yes No K
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
	d that death occurred at	3. 19.51, to May 29, 19.51, that I last ADDRESS ADDRESS Md. BY OR CREMATORY LOCATION (City, town, or county)	tated above. DATE SIGNED 5/29/51
REG. 5/29/51//	yon	Gred M. Ozozewski	0-/0-1/0

VS. A15A

1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	FOR MEDICA.	L EARWINERS	Reg. Dist. No. 1.3
I. PLACE OF DEATH- COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (HOME) STATE Maryland	Montgomery
CITY (If outside corporate limits, write R OR give nearest fown) Frederick	URAL and LENGTH OF STAY	OR TOWN Danascus	s, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederi	ck Mem. Hosp.	STREET (ADDRESS	If rural, give location)
3. NAME OF (First) DECEASED (Type or Print) JOAN	(Middle) Margaret D	alrymple 4. D	
Female White	(Specify) Single	June 24,1934	last birthday If under I year If under 24 hrs. Months Days Hours Min.
done during most of working life even if retire High School Stud	ork 10b. KIND OF BUSINESS OR INDUSTRY	Montgomery Ala.	Country
George B. Dalrym		Frances M. Pace	
15. Was DECRASED EVER IN U.S. ARMED FOR (Yes, no or unknown) (If yes, give war or da service)	tes of 16. SOCIAL SECURITY No.	Mrs George Dalr	ymple, Damascus, Md.
825,5 Immediate cause (a) Anteredent cause(s) Diseases or conditions, if any, giving rise to the above cause	18. MEDICAL CHECK LY LEADING TO DEATH Froclus Y Arain	Mull, Lace	INTERVAL BETWEEN ONSET AND DEATH J Lough Ht clannels
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no related to the disease or condition causing of the death but no related to the disease or condition causing of the disease or condition causing or causing	leath.	compd. frocture	J Altael 20. AUTOPSY?
TIVIMARY NOR CONTRIBUTING [] (While at Not while	HOW DID INJURY OCCUR?	(COUNTY) (STATE) C, Fredrupp Jud. Possenger in auto
22. I certify that I took charge of the re obtained by said Autopsy, Inspectio from: natural causes, acciden SIGNATURE DR. W. 23. BURIAL, CREMATION DATE THE	BAER Degree or title)	ADDRESS Triduick	nd 5.18.81
Burial (Specify) May 20 DATE REC'D BY LOCAL REGISTRAL	0.1951 Damas	Da D	MASCUS Monto Co Md
20 may 1957 Elina	will y Treck.	OTTH D. MOTARMO	rth, Damascus, Md.

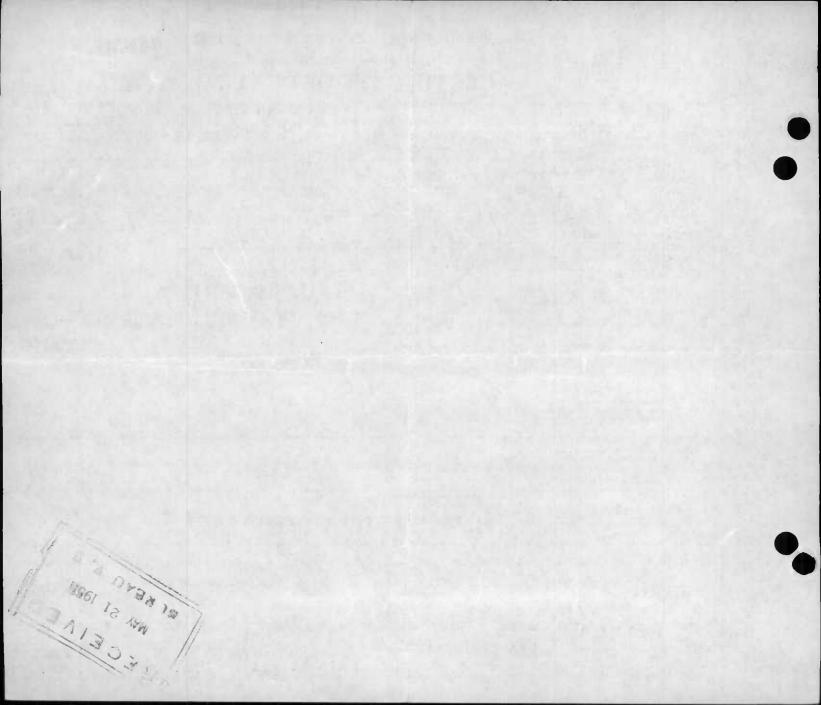


2411 N. Charles Street, Baltimore

04850

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
1. PLACE OF DEATH- COUNTY Frederick MARYLAND	Maryland Montgo	merv
CITY (If outside corporate limits, write RURAL and OR give nearest town) Trederick LENGTH OF STAY (in this place) 2 days	CITY (if outside corporate limits, write RURAL and giv	'e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital	STREET (If rural, give location)	/
3. NAME OF DECEASED (Middle) Charles Charles	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 16 1957
5. SEX 6. COLOR OR RACE . SINGLE, MARRIED, WIDOWED, DIVORGED.	8. DATE OF BIRTH 9. AGE last birthday Munder Months	l year If under 24 hrs.
Male White (Specify arrice), (Specify arrice), (Specify arrice)	1 Feb. 1, 1090 90 yrs.	
done during most of working life, even if retired) Linustry Collini. Shop	England	COUNTY OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Kemp Dean 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	Lily Mary Hartland	
(Yes. no. or unknown) (If yes. give war or dates of	17. INFORMANT AND ADDRESS	24.3
no laervice) none	Kenneth Allnutt, Damascus,	, Ma.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Acute Corona	y Thromfores	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause		10 PG 01 40 010 minutes a simulation of the contract of the co
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
CM		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
· 22. I hereby certify that I attended the deceased from handle	1, 1951, than 16 , 1951, that I last se	w the deceased
alive on he, 19.5 and that death occurred at		
SIGNATURE (Degree on title)	ADDRESS Ad 5	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RYOR CREMATORY LOCATION (City, town, or count,	y) (State)
Burial (Specify) May 19, 1951 Upper Ser	neca Cedar Grove N	Id.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1957	Olin L. Molesworth, Damascu	ADDRESS



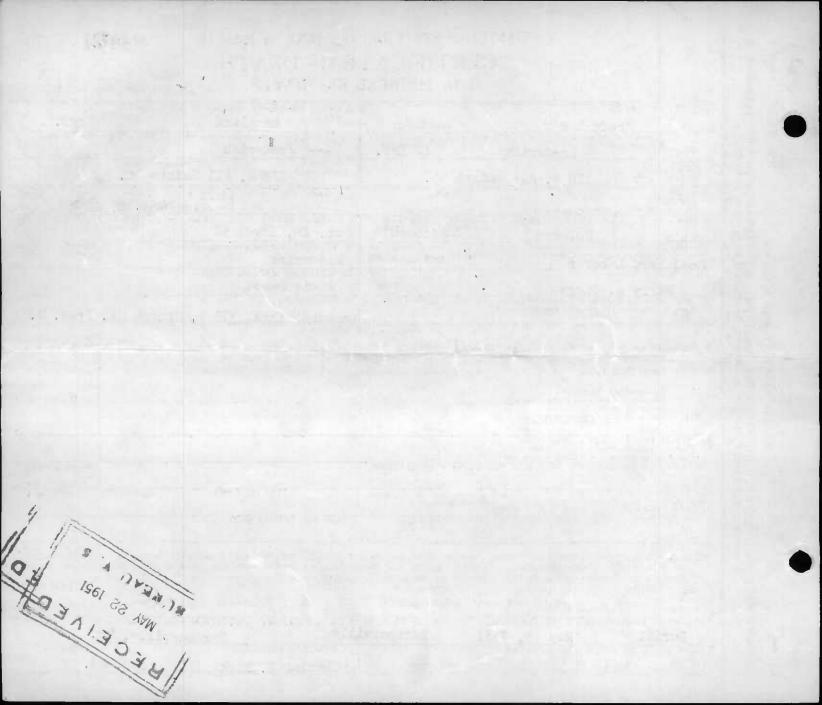
CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. |3|

04851

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick MARYLAND	STATE Maryland COUNTY	Fred,
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) Frederick (in 12 Yrs.)	OR Frederick	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS IIS W. All Saints St.	ADDRESS II8 W. All Saints St.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Happy Geonge	Diggs DEATH May 16. 1	95I 19
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIEDS	8. DARE OF BIRTH 9. AGE iast hirthday Il under 1	year II under 24 hrs.
Male Colored WIDOWED Specify Nidowed	UCU, 10, 1070)2 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
Coal Yard Laboren	Frederick	JONIE 11
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harry g. Diggs	Addie Sweed	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of service)	17. INFORMANT	
NO service)	Leonard Diggs 315 E. Church St.	Fred, Md
18. MEDICAL CE		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
C		11.
Immediate cause (a) Cenephy	H Neyworr wage	Ltorc c
BBIX Antecedent cause(s)		
Diseases or conditions, if any, (b)	**************************************	0 00 1 1 PF 000 00 00 00 00 00 00 00 00 00 00 00 0
glving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	4 1
OF INJURY m. While at Not while work at work		
		., ., .
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above and death in my or	om the evidence
from: natural causes . accident ., suicide ., homicide .,	undetermined \subsection.	prinon realite
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
comesto. Thomas, M. D. Houst - Med Examen	at fredorick, Maryland	5/18/01
		-/1901
Delamand (Co		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Elle Bartonsville, Md.	ADDRESS
COALE MED DI POCKE REDISTRATO SIGNATURE	44. FUNERAL DIRECTUR	AUURESS
19 man 1957 Elizabeth & Hoch-	Charles E. Hicks III Fred. Mc	

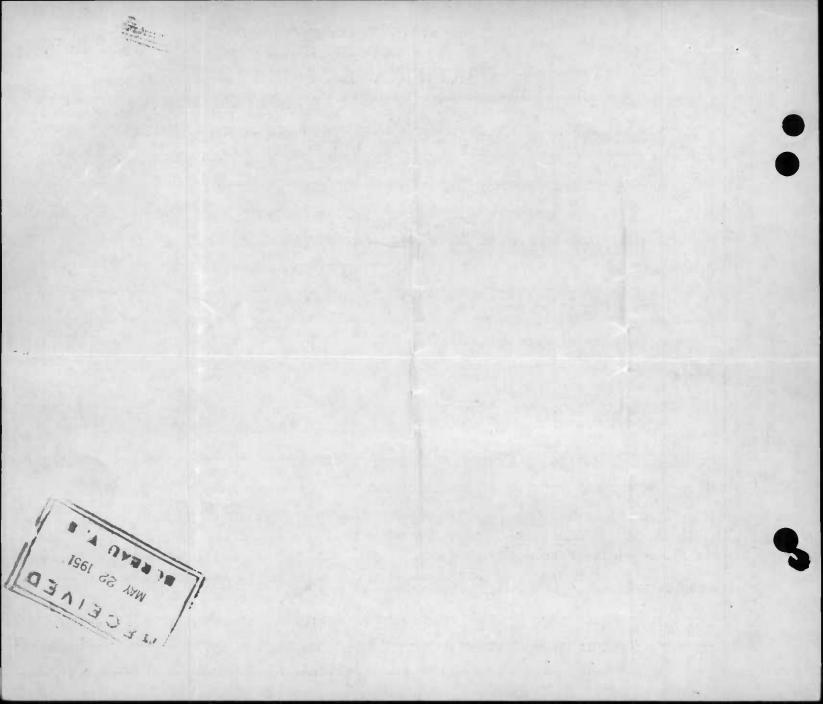


2411 N. Charles Street, Baltimore

04852

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
OR give nearest town) CHTY (If outside corporate limits, write RURAL and OR give nearest town) CHTY (If outside corporate limits, write RURAL and (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Employers Arguitage	STREET ADDRESS 3154 Walism St
3. NAME OF DECEASED (First) (Middle) (Type or Print)	OF DEATH (Month) (Day) (Year) OF DEATH (MONTH) (Day) (Year) 1911
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BLATH 9. AGE last birthday If under 1 year If under 24 hrs. Months. Days Hours Min.
done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	WHAT COUNTRY?
Warres Dorsey	Bankyn Bank.
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Patrification Interval Between Onset and Death
Immediate cause 774 X Antecedent cause(s)	111 · · · · · · · · · · · · · · · · ·
Diseases or conditions, if any, (b) regnal for giving rise to the above cause stating the underlying cause last	1/2 diamnoc, 5 min Jalenson
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5-20	, 1957, to 5-20, 195, that I last saw the deceased
alive on 5-20, 1957, and that death occurred at less SIGNATURE (Degree or state)	ADDRESS DATE SIGNED
Howard W. Ush m. a.	Trederick My 3-20-5/.
REMOVAL (Specify) May 21-51 Fair	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 21 Way 1951	24. FUNERAL DIRECTOR ADDRESS
215201292200	- Fred.





VVV936

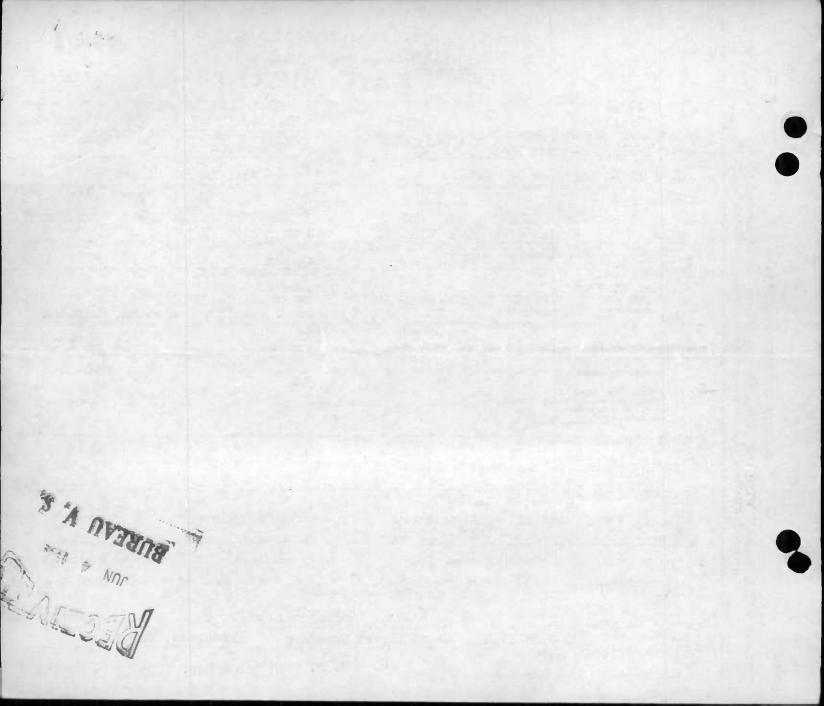
CERTIFICATE OF DEATH

		ODICI IFICIALI	E OF DEA.	Reg. D	ist. No. T.T.
1. PLACE OF DEAT COUNTY Fre	derick	MARYLAND	STATE Marylan		COUNTY Frederick
OR give nearer	corporate limits, write RUR. st town) erick-Rural RD#	5 1 (in this place)	OR Frede	orate limits, write RURAL Prick	and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRI	OR Emergency Ho	spital	STREET ADDRESS 16 We	(If rural, give local est Fourth Stre	
3. NAME OF DECEASED (Type or Print)	(First) ARTHUR	(Middle) EMMETT	(Last) FLEMING	4. DATE (Mont OF DEATH 5	th) (Dey) (Year) 30 195
5. SEX Male	% COLOR OR RACE White	7. SINCLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	s. DATE OF BIRTH Unknown	9. AGE last birthday I 77 ? yrs.	f under I year If under 24 hr Months Days Hours Min
done during most of City Empl	PATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry Water Dept.	Maryland	e or foreign country)	COUNTRY? USA
13. FATHER'S NAI	ME. Fleming		Unknown		
15. WAS DECRASED I (Yes, no. or unknown)	Ever In U.S. Armed Forces) (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	William E. Fle		m, Maryland
Immedia 433,0 Antecede Diseases or giving rise stating the	ent cause(s) r conditions, if any, to the above cause underlying cause last (c) FICANT CONDITIONS	Heart Bl	20c		ONSET AND DEATH
related to the dise	nuting to the death but not case or condition causing deat ERATION 19b. MAJOR I	h. FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	(CO	Ves No XX UNTY) (STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	ķ. Ž
	1979, 1957, an	OF NAME OF CEMETE	S: 30 A m., from the ADDRESS Frederick, Marry or CREMATORY	ne causes and on the deputy	late stated above. DATE SIGNED 31 May 1951 or county) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE to cla.	24. FUNERAL DIRECT		ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

M

VS. A15



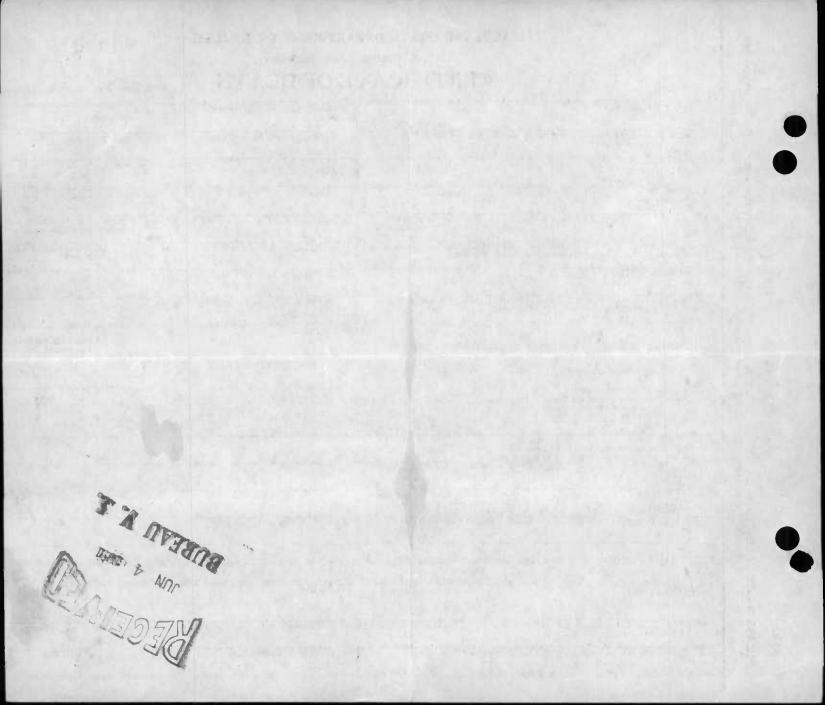
S. A15

04855

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEAS		'V	
Frederick	MARYLAND	STATE	Fro	deri	elc	
GEN (If outside corporate limits, write RURA	L and LENGTH OF STAY (in this place)	OR (If outside corpor	rate limits, write RUR	AL and g	ve neare	st town)
OR give nearest town) TOWN GETTERSON	Vea CS	TOWN Jeffe	rson			
HOSPITAL OR		STREET	(If rural, give	location)		
INSTITUTION OR STREET ADDRESS		ADDRESS				
3. NAME OF (First)	(Middle)	(Last)	14. DATE (A	(onth)	(D-s-)	(37>
DECEASED		(LHBt)	OF	zontn)	(Day)	(Year)
(Type or Print)	Flook		DEATH	2	31	19 7 -
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday	If under Months	l year Days	If under 24 hra Hours Min.
female white	(Specify) Tri dorr	1 2/27/1891	60 ym.		Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	1	2. CITIZ	EN OF WHAT
done during most of working life, even if retired)	INDUSTRY own home	Myersville,	16.		COUNT	U.S.
13. FATHER'S NAME	0 1122 220220	14. MOTHER'S MAIDEN		'		0.00
Charles Hooner		Margaret Ha				
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates o	16. SOCIAL SECURITY NO.	17. INFORMANT AND				
no service)	none	Mrs Harry R.	Rice, Jef	fers.	on,	Md.
	18. MEDICAL CE	RTIFICATION			1	
I. DISEASES OR CONDITIONS DIRECTLY I	FADING TO DEATH					VAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	EBADING TO DEATH	71. 1			ONSE	T AND DEATH
V	Thydriaton Senile Le	- Mas nuls	ion		10	days
Immediate cause (a)	John		***************************************			
/< 1) Antecedent cause(s)	5- :1. 17	1:0			2	weeks
	Jenu Ye	minua			.9	10/5
giving rise to the above cause stating the underlying cause last	00	^				
stating the underlying cause last	Teneralise	1 arteris	Seliani		1.5	420
II. OTHER SIGNIFICANT CONDITIONS	- universe	- Coucie	ichi di		10	7-00
Conditions contributing to the death but not						
related to the disease or condition causing death						
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION	46	•		20. A	UTOPSY?
					Yes	□ No □
21. ACCIDENT (Specify) PLAC	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN)	COUNTY		STATE)
SUICIDE OF INJU	office bidg., etc.)					, , , , , , , , , , , , , , , , , , , ,
HOMICIDE INJU TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CITES			
OF (Month) (Day) (lear) (Hour)	While at Not While	HOW DID INJUNI OC	CURI			
INJURY m.	Work At work					
		5/.	- 1 - 1 - 1 - 1			
22. I hereby certify that I attended the	e deceased from 2/1/2	, 19.3./., to	3./, 19.2 , tha	t I last	saw the	e deceased
5/20 - 5-1	1.1 1	530				
alive on 3/30, 19.57, and	d that death occurred at	ADDRESS Trom the	e causes and on the	e date s	tated a	bove.
SIGNATURE	(Degree of title)	ADDRESS	0	~	DA	re signed
100 Taslia	W Thence V	11 41 11	Hron	11/4	16	11/51
23. BURIAL, GREMATION DATE THEREO	I NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, to	77	han Y	(9444)
DELLOUAL (Specify)				wa, or coul	ucy)	(State)
1935.191		terv	Mversvill	e,	Md.	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR Midalat	07.70		DRESS
9 REG. 1951 Eliza	the sitto, he	Graduitt co	., Middlet	,OWII,	Tia.	
- James II - Marie	Z-10- W-3-7-2-					
11						



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

114856 Reg. Dist. No. 131

720826

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
SITY (If outside corporate limits, write RURAL and LENGTH OF STA	Y CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Frederick-Quart IYear	OR Frederick
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Emergency Hospital	ADDRESS 433 West Patrick Street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED	OF Man
(Type or Print) SUSIE REBUCA 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	FUGLE DEATH MAY 25 1951 S. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hra
WIDOWED, DIVORCED.	Asser 76 7861. 86 Months Days Hours Min.
Female White (Specify) Single	
done during most of working life even if retired) INDUSTRY Domestic - At Home	COINTRY?
Domestic - At home	Maryland, Frederick Co. USA
John F. Fogle	Mary Ellen Eyler Fo
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
service)	Emergency Hospital Records, Frederick, Md.
18. MEDICAL (CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Vironic 1	Vehleritis 5 sears
Immediate cause (a)(a)	1 epiners
FOOV AND	
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause	40 00 00 00 00 00 00 00 00 00 00 00 00 0
131 If stating the underlying cause last	
(c) II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗌 No 🗍
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) HOMICIDE INJURY	t, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
	1 11/ 11/6/25 -1
22. I hereby certify that I attended the deceased from au.	1946, to May 25, 195/, that I last saw the deceased
112.21/ 41	
	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Bernard V. Humasp. 14.1.	Frederica (111). May 28,195)
	TERY OR CREMATORY LOCATION (City, town, or county) (State)
BURIAL May 29-1951 Mt. Olivet	Cemetery Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
28 May 1951 Elisabeth & Heck.	M.R. Etchison & Son, Frederick, Maryland
V V	720876



OT MM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04857

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
Trederick MARYLAND	md. Frederick
OR give nearest town)	OR (If outside corporate limits, write RURAL and give nearest town)
TOWN Woodsboro Lile	TOWN Woodslavo
HOSPITAL OR	STREET (If rural, give location) ADDRESS
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ESTA MARV ANN	GILBERT DEATH May 11 1951
5. SEX 0 6. COLOR OR RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrm.
WIDOWED, DIVORCED, (Specify) married	Nov. 5, 1883 67 yrs. Magths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY Seuring Factory	Md. COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Relient Euron	matilda Crushana.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUBITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war, or dates of 2/6-0/-7803	mr. Raymond & Selbert
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY BEADING TO DEATH	CO CHOSEL AND DEATH
Immediate cause (a) Carent	(Gareral)
In Au	
Antecedent cause(s) Diseases or conditions, if any, (b) Primary site:	Left breast (5/28/51 akc)
giving rise to the above cause	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
198. DATE OF OPERATION 198. MASON PRODUCTS OF OFERENCE	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No C (CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY	(CITTOR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	4.0 4.0
22. I hereby certify that I attended the deceased from E.C.	, 19.5. Tto.M. Julius, 19.0, that I last saw the deceased
" The 105 10 4" and that double assumed at 6	4-30 * m from the course and on the data stated above
alive on May / O., 195 /, and that death occurred at,	ADDRESS DATE SIGNED
SIGNATURE OF THE STATE OF THE S	1.1 1 1 Marsin 1821
was Willeallis	seventylown Mai
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 5/14/5/ mt. Hope	Cemetery Woodsboro ms.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR / ADDRESS
May 12 1951 I Charvell	y. C. Barton Walkerswille md
	1- Ct - 1/C/V

ADING INK. Supply every item of information carefully. Asicians: please write the causes of death clearly and legibly. RGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH

The correct age

VS. A15



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04858

CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USHAL RESIDENCE (I	HOME) OF DEC	EASED.		
COUNTY Frede	erick	MARYLAND	STATE Marylan	d	COUNT	Y Frederic	C
CITY (If outside cor OR givo nearest t	porate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpora	ate limits, write R	URAL and g	ive nearest town)	
PER CANON	Frederick	Lifetime	row, Frede				
HOSPITAL OR INSTITUTION OR	000 10 11		STREET ADDRESS		ive location)		
STREET ADDRESS		Market Street	231 N	orth Mark	et Stre	et	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Yes	ar)
(Type or Print)	WILLIAM	ADOLPH	HAHN	DEATH	May	22 19	51
	6. COLOR OR RACE	7. SINCLE, MARRIED, WIDOWED, DIVERSED.	8. DATE OF BIRTH	9. AGE last birth	day If under	1 year If under 24 Days Hours M	hra.
Male	White	WIDOWED, DWGDOND, (Specify) Widowed	April 20, 1860		yrs.		
done during most of wor	TION (Give kind of work rking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	1	2. CITIZEN OF WE COUNTRY?	TAL
Owner 13. FATHER'S NAME		Retail Plumbing	Maryland			USA USA	
			14. MOTHER'S MAIDEN			- 20	
Adolph H	ann R In U.S. Armed Forces	? 16. SOCIAL SECURITY No.	Caroline				
(Yes, no, or unknown) ((If yes, give war or dates	of l	17. INFORMANT AND		77 3		
NO la	ervice)	_ U None	Miss Anna Marga	ret mann,	Freder	ick, Md.	
		18. MEDICAL CE	ERTIFICATION			INTERVAL BETWE	-
I. DISEASES OR CON	IDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND DEA	ATH
Immediate		mema				5-1-0	
immediate				**************************	******************		2
	tauso (-)						2
Antecedent	cause(s)	La rice lear	PI	200 -	· ·	Anna.	2
Antecedent Diseases or col	cause(s) nditions, if any, the above cause	having par	welgowite	nefri	tis	5 Just	3
Antecedent Diseases or col	cause(s)	having par	- elyment	nefri	tis	5 Just	2
Antecedent Diseases or congiving rise to t stating the unc	cause(s) nditions, if any, the above cause derlying cause last (c)	Chronic par	nelyout	hefri	tis.	57rs+	
Antecedent Diseases or con giving rise to t stating the und OTHER SIGNIFIC Conditions contributi	cause(s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ing to the death but not		nyocar	hefri	tis.	short	_
Antecedent Diseases or con giving rise to t stating the und 11. OTHER SIGNIFIC Conditions contribut related to the disease	cause(s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ang to the death but not or condition causing deat	h.	nyocar	hefri	tis	short	_
Antecedent Diseases or con giving rise to t stating the und 11. OTHER SIGNIFIC Conditions contribut related to the disease	cause(s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ang to the death but not or condition causing deat		nocar	hefri	Es.	57est 57est 20. AUTOPSY?	-
Antecedent Diseases or con giving rise to t stating the und 11. OTHER SIGNIFIC Conditions contribute related to the disease 19a. DATE OF OPERA	cause(s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I	h. FINDINGS OF OPERATION				Yes No	
Antecedent Diseases or congiving rise to to stating the und 11. OTHER SIGNIFIC Conditions contribute related to the disease 19a. DATE OF OPERA 21. ACCIDENT SUICIDE	cause (s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA	ch. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg, etc.)	CITY OR T		(COUNTY	Yes No	
Antecedent Diseases or con giving rise to t stating the und 11. OTHER SIGNIFIC. Conditions contribut related to the disease 19a. DATE OF OPERA 21. ACCIDENT SUICIDE HOMICIDE	cause(s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INJU	ch. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)		Yes No	
Antecedent Diseases or congiving rise to the stating the und 11. OTHER SIGNIFIC. Conditions contribute related to the disease 19a. DATE OF OPERA 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (OF	cause (s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INII (Day) (Year) (Hour)	ch. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not While		OWN)	(COUNTY	Yes No	
Antecedent Diseases or congiving rise to to stating the und 11. OTHER SIGNIFIC Conditions contribution related to the disease 19a. DATE OF OPERA 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (OF INJURY	cause (s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INJU (Day) (Year) (Hour) m.	ch. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not While Work At work	(CITY OR T	OWN)	(COUNTY	Yes No No (STATE)	
Antecedent Diseases or congiving rise to to stating the und 11. OTHER SIGNIFIC Conditions contribution related to the disease 19a. DATE OF OPERA 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (OF INJURY	cause (s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INJU (Day) (Year) (Hour) m.	ch. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not While Work At work	(CITY OR T	OWN)	(COUNTY	Yes No No (STATE)	
Antecedent Diseases or congiving rise to the stating the und 11. OTHER SIGNIFIC Conditions contribute related to the disease 19a. DATE OF OPERA 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (OF INJURY) 22. I hereby certify	cause (s) nditions, if any, the above cause deriving cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INJU (Day) (Year) (Hour) m.	ch. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) JRY INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OCCUR., 1957., to	OWN) CUR?	(COUNTY	Yes No (STATE)	
Antecedent Dlaeases or congiving rise to the stating the und 11. OTHER SIGNIFIC Conditions contribution related to the disease 19a. DATE OF OPERA 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (OF INJURY 22. I hereby certify alive on	cause (s) nditions, if any, the above cause deriving cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INJU (Day) (Year) (Hour) m.	ch. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from d that death occurred at	HOW DID INJURY OCCUPATION TO THE PROPERTY OF T	OWN) CUR?	(COUNTY	Yes No No (STATE)	o d
Antecedent Diseases or congiving rise to the stating the und 11. OTHER SIGNIFIC Conditions contribute related to the disease 19a. DATE OF OPERA 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (OF INJURY) 22. I hereby certify	cause (s) nditions, if any, the above cause deriving cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INJU (Day) (Year) (Hour) m.	ch. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) JRY INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OCCUR., 1957., to	OWN) CUR?	(COUNTY	Yes No (STATE)	o d
Antecedent Dlaeases or congiving rise to the stating the und 11. OTHER SIGNIFIC Conditions contribution related to the disease 19a. DATE OF OPERA 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (OF INJURY 22. I hereby certify alive on	cause (s) nditions, if any, the above cause deriving cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INJU (Day) (Year) (Hour) m.	ch. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from d that death occurred at	HOW DID INJURY OCCUPATION TO THE PROPERTY OF T	OWN) CUR?	(COUNTY	Yes No No (STATE)	o d
Antecedent Diseases or congiving rise to to stating the und 11. OTHER SIGNIFIC Conditions contribution related to the disease 19a. DATE OF OPERA 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (OF INJURY 22. I hereby certify alive op SIGNATURE 23. BURIAL, CREMAN	cause (s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INII (Day) (Year) (Hour) m. The standard the	ce (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from deceased from deceased from deceased that death occurred at	HOW DID INJURY OCCUPATION TO THE ADDRESS Frades	OWN) CUR?	hat I last the date st	yes No) (STATE) saw the deceased above. DATE SIGNED	D d
Antecedent Diseases or congiving rise to to stating the unconstitution of the stating that the stating the stating that the s	cause(s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INJU (Day) (Year) (Hour) m. That I attended the	ce (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not While Work At work deceased from deceased from deceased from the deceased	HOW DID INJURY OCCUPATION AND ADDRESS RY OR CREMATORY L	OWN) CUR? 22,19.57, the causes and on the course of the	hat I last the date st	yes No (STATE) saw the deceased tated above. DATE SIGNED 23/37 (State)	o d
Antecedent Diseases or congiving rise to the stating the und II. OTHER SIGNIFIC Conditions contribution related to the disease 19a. DATE OF OPERA 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (OF INJURY 22. I hereby certify alive on SIGNATURE 23. BURIAL, CREMAN REMOVAL (Specify BURIAL) DATE REC'D BY LO	cause(s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INJU (Day) (Year) (Hour) m. That I attended the property of the p	ce (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not While Work At work deceased from deceased from deceased from the deceased from the deceased from the deceased from	HOW DID INJURY OCCUPATION OF THE ADDRESS RY OR CREMATORY L t Cemetery 124. FUNERAL DIRECTOR	CUR? 22,19.57, the causes and on CATION (City, Freder R	hat I last at the date stown, or counick, Ma	yes No) (STATE) saw the deceased tated above. DATE SIGNED (State) (State) (Tyland ADDRESS	D d
Antecedent Diseases or congiving rise to to stating the unconstitution of the stating alive of the stati	cause(s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INJU (Day) (Year) (Hour) m. That I attended the property of the p	ce (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not While Work At work deceased from deceased from deceased from the deceased from the deceased from the deceased from	HOW DID INJURY OCCUPATION TO THE ADDRESS RY OR CREMATORY L Company of the Address of the Company of the Compa	CUR? 22,19.57, the causes and on CATION (City, Freder R	hat I last at the date stown, or counick, Ma	yes No) (STATE) saw the deceased tated above. DATE SIGNED (State) (State) (Tyland ADDRESS	D d
Antecedent Diseases or con giving rise to to stating the unc 11. OTHER SIGNIFIC Conditions contribut related to the disease 19a. DATE OF OPERA 21. ACCIDENT SUICIDE TIME (Month) (OF INJURY 22. I hereby certify alive op SIGNATURE 23. BURIAL, GREMAT REMOVAL (Specify Burial DATE REC'D BY LO REG.	cause(s) nditions, if any, the above cause derlying cause last (c) ANT CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR I (Specify) PLA OF INJU (Day) (Year) (Hour) m. That I attended the property of the p	ce (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not While Work At work deceased from deceased from deceased from the deceased from the deceased from the deceased from	HOW DID INJURY OCCUPATION OF THE ADDRESS RY OR CREMATORY L t Cemetery 124. FUNERAL DIRECTOR	CUR? 22,19.57, the causes and on CATION (City, Freder R	hat I last at the date stown, or counick, Ma	yes No) (STATE) saw the deceased tated above. DATE SIGNED (State) (State) (Tyland ADDRESS	D d

SA DESTANDAN

2411 N. Charles Street, Baltimore

04859

100105

CERTIFICATE OF DEATH

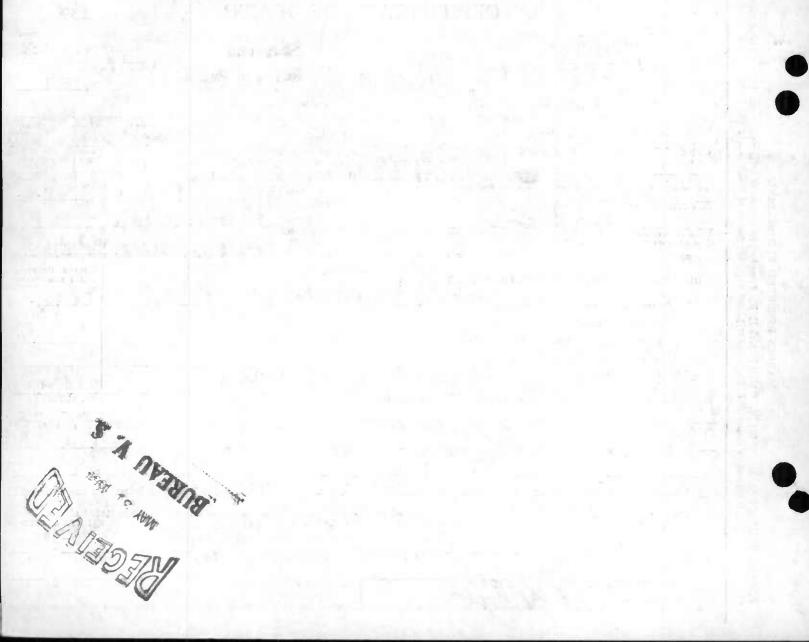
Reg. Dist. No. 139

1. PLACE OF DEATH			2. USUAL RESIDENCE (H	HOME) OF DEC	EASED.	P
Fr	ederick	MARYLAND	Marylan			Frederick
OR give nearest	orporate limits, write RUR	(in this place)	CITY (If outside corpora	te limits, write I	URAL and giv	ve nearest town)
TOWN	F	rom 4-25-51°	TOWN Rural -	Freder	ick - T	Route 7
HOSPITAL OR		to 5-29-51	STREET	(If rural, g	ive location)	TOUGE I
INSTITUTION OF	ssState Sanat	orium	ADDRESS			
3. NAME OF	(First)	(Middle)	(Last)	14. DATE	()/	(D)
DECEASED	William			OF	(Month)	(Day) (Year)
(Type or Print) 5. SEX) 6. COLOR OR RACE	M.	Haugh		May	29, 19 5
		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIED	8. DATE OF BIRTH	9. AGE last birt		I year If under 24 hrs Days Hours Min.
Male	White	(Specify) Married	May 31, 1875		yrs.	Days Hours Will.
done during most of w	ATION (Give kind of work orking life, even If retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)		2. CITIZEN OF WHAT
	vorking life, even If retired)		Maryland			COUNTRY? U.S.
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME		
	John Haugh		Sarah Ell	ison		
15. WAS DECRASED ET	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT	20011		
(Yes, no, or unknown)	(If year, give war or dates of service)	None	Mrs. Paul	Anglah	ongon	daughter
*11 V		1 210110	TILD. TAUL	Aligien	erger,	daugnter
		IS. MEDICAL CE	RTIFICATION			INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND DEATH
7 70 4		Pulmonary Tube	reulosis			19 Mos.
Immediate	e cause (a)		24 0 0 4 2 0 0 2 5	****** * * *** * * * * **** * * * **** * *		19 Mos.
Anteceder	it cause(s)					
1						
Diseases or o	conditions, if any, (b)		**************************************	1-00-0-minimises proportion de la minimise del minimise de la minimise del minimise de la minimise della minimise de la minimise della minimi		
stating the u	nderlying cause last					
II. OTHER SIGNIFI	CANT CONDITIONS	* * * * * * * * * * * * * * * * * * * *		*****		
		. Hypertrophy o	f Prostate GI	and		Unknown
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION	72 110B0a06 01	and		
IVIII DI OI DI DI	1000 11110011	indings of organion				20. AUTOPSY?
21 ACCIDENT	(Smaller) DI A	TE (III for	· · · · · · · · · · · · · · · · · · ·	A = 11 = 1	8 7	Yes No No
21. ACCIDENT SUICIDE	(Specify) PLAC	CE (Home, farm, factory, atreet, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)	(STATE)
HOMICIDE	[INJU	RY			. ;	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	CUR?		
INJURY	m.	Work At work			•	
			05 53 34 0	0 = 2		2 2 4 3 2
22. I hereby certi	fy that I attended the	deceased from April.	251951, to May 2	9, 1951, t	hat I last s	aw the deceased
alive on May						
SIGNATURE	19.2.th, and	that death occurred at	ADDRESS	causes and on	the date sta	ated above.
SIGNATURE	15.18	1 (Destro of title)				DATE SIGNED
1	1. W. Dun	Mod.	State Sanato	rium, M	d. 5	5-29-51
23. BURIAL, CREMA	ATION DATE	I NAME OF CEMETE	RY OR CREMATORY LO	OCATION (City)	town or count	ty) (State)
REMOVAL (Speci	(ty) /waste	1951 10	1 0	- 1	45.	
DATE REC'D BY I		NEN TURE	24. FUNERAL DIRECTOR	hr. Liber	tylown	, Mr.
REG. 5-29-5	771.	CUON				ADDRESS
ノーペラーン	T G A C	701	D.C. Barton	Walkers	welle,	and.

ully. The correct age

PDEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

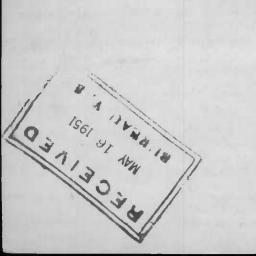


MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04860

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY / MARYLAND CITY (If outside corporate limits, write RURAY and OR give nearest town LENGTH OF STAY GIT All outspie corporate limit with RURAL and give nearest town (in . this place) HOSPITAL OR INSTITUTION OR STREET (If rural, give location ADDRESS STREET ADDRESS 3. NAME OF (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) 194/ DEATH 5. SEX 9. AGE last birthday | Wunder 1 year | If under 24 hrs | Months | Days | Hours | Min. 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED. DIVORCED (Specify) Xunke 10 10a. USUAL OCCUPATION (Give kind of work done during most offworking life, even if retired) 10b. KIND OF BUSHOUSS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 13. FATHER'S NAME MOTHER'S MAIDEN NAME 9FBON 15. WAS DECEASED EVER IN U.S. ARMED EDRCES? | 16. SOCIAL SECURITY NO. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 825.5 Antecedent causo(a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. (CITY OR TOWN) PLACE (Home, farm, factory, street, (COUNTY) (STATE) office bldg., etc.) REDERICKYd. Man dewestown TIME (Month) (Day) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not while AUTO ACCIDENT work at work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection X. Inquiry & thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death, in my opinion resulted from: natural causes , accident suicide , homicide , undetermined ...
IGNATURE DR. R. W. BAER (Degree or title) ADDRESS SIGNATURE DATE SIGNED DEPUTY MEDICAL EXAMINER 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCKTION (City, town, or county) (State) REMOVAL (Sujeify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATUR



VS. A15,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED).
COUNTY Frederick	MARYLAND	STATE Maryla	and	Harford Harford
CITY (If outside corporate limits, write RURAL	and LLENGTH OF STAV	CITY (If outside corpor	ate limits, write RURAL	and give nearest town)
OR give nearest town) TOWN From	n 5/3/51 this place)	OR TOWN	Edgewood	
HOSPITAL OR	5/8/51	STREET	(If rural, give loca	ition)
STREET ADDRESS State Sanato	rium	ADDRESS Army	Chemical Cen	ter
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Year)
(Type or Print) William	н.	Hoffmeyer	DEATH	May 8 19 5
	. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday 1	if under 1 year If under 24 hrs
Male White	WIDOWED, DIVORCED, (Specify) Widowed	June 6, 1876	74 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Givo kind of work 1	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of working sile even (fretired)	Industry	Penna.		COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	0.0.
Samuel Hoffmeyer		Eliza Aultm	ller	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	233-03-7270	Son-William	. Hoffmever	
	18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY LE	PADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
1. DISEASES OR COMDITIONS DIRECTLI DI	EADING TO DEATH			ONBET AND DEATH
Immediate cause (a)	Congestive h	leart Failure	**************************************	unknown
Antecedent cause(s)				
Diseases or conditions, if any, (b)	Chronic Myoc	arditis	20 km r 100 km r 100 km r 20 r 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	unknown
giving rise to the above cause stating the underlying cause last				
stading the diderlying cause last				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not	Pulmonary Tu	berculosis		unknown
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FIT				20. AUTOPSY?
21. ACCIDENT (Specify) PLACE	(Home, farm, factory, street,	(CITY OR	rown) (co	UNTY) (STATE)
SUICIDE OF INJUR	office bldg., etc.)	(0111 011	(00	OHIL) (OIRIB)
TIME (Month) (Day) (Year) (Hour) I	NJURY OCCURRED	HOW DID INJURY OC	CUR?	
	While at Not While Work At work			
22. I hereby certify that I attended the	deceased from May 3	, 195.1., toMay8	19.51., that I	last saw the deceased
alise on May 8 1051 and	that death occurred at]	2.40 a m from the	courses and on the	data stated shows
alive on May 8 19.51, and SIGNATURE	(Degree of title)	ADDRESS	causes and on the	DATE SIGNED
SIGNATURE OF THE STATE OF THE S	7. 1.			
V.N. KUM	· M · XX	State Sanato	orium, Md.	5/9/51
23. BURIAL, CREMATION DATE THEREOF		16	LOCATION (City, town,	(
REMOVAL (Specify) May 10,	951 East Oak		morgantown	, w. Va
DATE REC'D BY LOCAL REGISTRAR'S SI	GNATURE	24. FUNERAL DIRECTO		ADDRESS
REG 5/8/51 1 R. L.	von. M.D.	m. J. Creader	· Y Lon - Thuy	ment he
		0		1000 000

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04862

CERTIFICATE OF DEATH

g. Dist. No. 131

			Reg.	Dist. 140	Je	
1. PLACE OF DEATH- COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (I		COUNTY	Frederic	ck
OR givo nearest town) Town frederick-Rural	RD#1 LENGTH OF STAY	OR TOWN Frederi	ck-Rural RD	#1	re nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near McKai	g	STREET ADDRESS Near	(If rural, give McKaig	ocation)		
3. NAME OF (First) DECEASED (Type or Print) JOHN	(Middle) CLINTON	JAMISON	OF DEATH	S (ontb)	22 1	51
6. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) WIDOWED	s. DATE OF BIRTH 9 June 1866	9. AGE last birtbday 84 yrs.	Months	Days Hours	Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) Retired	10b. KIND OF BUSINESS OF INDUSTRY OWNER	Maryland			COUNTRY? USA	
I3. FATHER'S NAME Ignatius Jamison		Mary Catheri	ne Jamison	5 //		
15. Was Decrased Ever In U.S. Armed Forces (Yes, no or unknown) (If yes, give war or dates of level)	1 16. SOCIAL SECURITY No. None	Mrs. Milton P.	Nash, Fred	erick,	Md.	
	18. MEDICAL CE	RTIFICATION			INTERVAL BET	-
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat		one care	uas puras.			
19a. DATE OF OPERATION 19b. MAJOR F	FINDINGS OF OPERATION				Yes N	
21. ACCIDENT (Specify) PLACE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR 1	OWN) (COUNTY)		
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURI .			
22. I hereby certify that I attended the	e deceased from 2-6	, 195/, to 5-1	2, 19.5/, that	I last s	aw the deceas	sed
alive on 5-22, 195/, an SIGNATURE	d that death occurred at (Degree or title)	9 P m., from the	causes and on th	e date st	ated above. DATE SIGN	ED
M. G. Brusne	M. D.	Frederick, Mar	yland		May 1951	
23. BURIAL, GREMATION DATE THEREO BURIAL (Specify) 25 May 1	951 Mount Olivet	ry or crematory I t Cemetery F	rederick, M	arylan	id	3)
DATE REC'D BY LOCAL REGISTRAR'S		M. R. Etchison		derick	, Marylai	nd

S'A DVINING SEED AND SEED AND

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04863

CERTIFICATE OF DEATH

Reg. Dist. No. 139

I. PLACE OF DEATH.	1 2. USUAL RESIDENCE (H	OME) OF DECEASED.	
COUNTY Frederick MARYLAND	STATE Marylan	- COUNT	YSt. Mary's
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY Cin this place.		te limits, write RURAL and gl	ve nearest town)
HOSPITAL OR TO 5-24-51 INSTITUTION OR STREET ADDRESS State Sanatorium	STREET ADDRESS	(If rural, give location)	/
3. NAME OF (First) (Middle) DECEASED (Type or Print) Eugene Ka	(Last)	4. DATE (Month) OF DEATH MAY	(Day) (Year) 24, 19 5
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		9. AGE last birthday ff under	1 year ill under 24 hre
Male White WIDOWED DIVORCED (Specify) DIVORCED	May 30, 1924	26 yrs. Months.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender 10b. Kind of Business or Industry	Maryland	foreign country)	2. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	0,0,
John A. Kaufman	Katherine	Sureback	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no or unknown) (If year, give war or dates of 277 72 6220	17. INFORMANT		
(Yes, no or unknown) (If year, give war or dates of 217-12-6339	Patient		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tul	perculosis	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		y x. 4	53 14 5 5 56 56 speed-syschology-page-page-page-base-base-
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TO	OWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the deceased from NO.V		causes and on the date st	
REMOVAL (Specify) May 2/9, 1951 ft. andrew	uslem. 4.1	OCATION (City, town, or coun Leveltown	(State)
REG. 5/24/51 REGISTRATES SIGNATURE	24. FUNERAL DIRECTOR	Y ford: Thur	ADDRESS
	0	77-1	282

ON SE MANA

2411 N. Charles Street, Baltimore

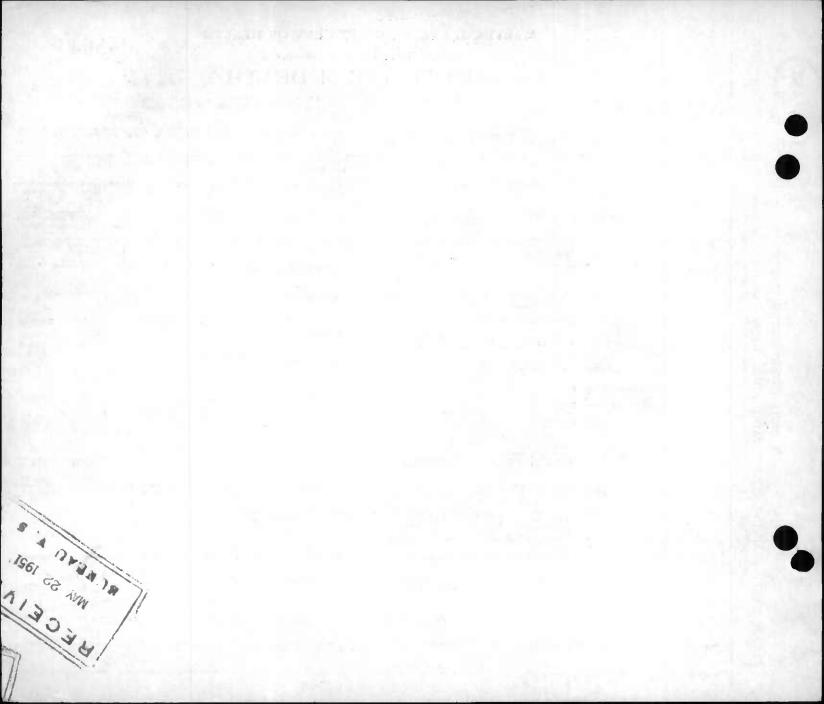
CERTIFICATE OF DEATH

The second control of					2.500 1.00	
I. PLACE OF DEATH COUNTY Freder:	i ale		2. USUAL RESIDENCE (HOME) OF DECEASE	COUNTY]	
CITY (If outside c	orporate limits, write RUR.	MARYLAND . AL and LENGTH OF STAY	CITY (If outside corpor			
OR give nearest	ddletown	(in this place)	II OR	dletown	T wild five	nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	R		STREET ADDRESS	(If rural give lo	cation)	
3. NAME OF DECEASED	(Firet)	(Middle)	(Last)	OF	onth)	(Day) (Yea
(Type or Print) 5. SEX	RUSCOLOR OR RACE	F.duard I	1 8 DATE OF BIRTH	DEATH 16.	Trynder 1	2 g 19)
male	white	WIDOWED, DIVORCED, (Specify) SINGLE	5/30/ 1875	75 yrs.	Months	year If under 24 Days Hours Mi
10a. USUAL OCCUP.	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)		CITIZEN OF WH.
Judge.	ret	County Court	Middletown.	Md.		U.
13. FATHER'S NAM			14. MOTHER'S MAIDEN			
	Lighter ver In U.S. Armed Forces	9 t 16 Cooker Community No.	Mary M. Vana	nas		
	(If year, give war or dates of		17. INFORMANT			
no	service)	1 none	Edna K. Tig	hter, Midd	letor	m, Nd
334X Immedia	nt cause(s)		rterioselero	ris		ONSET AND DEA
97 giving rise to stating the u II. OTHER SIGNIFI Conditions contribu	conditions, if any, (b) o the above cause underlying cause last (c) CANT CONDITIONS tring to the death but not se or condition causing deat					
		INDINGS OF OPERATION				20. AUTOPSY?
						Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	rown) (C	COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby certi	ify that I attended the	deceased from	, 1949, to May	12, 19.51, that	I last sa	w the deceased
alive on MA	149, 1951, and	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the	date stat	ed above. DATE SIGNEI
	1 2 Ha	up mix	Middle	tour	5	-14-51
23. BURIAL, CREMAREMOVAL (Special	ify) //	NAME OF CEMETE	RY OR CREMATORY I	OCATION (City, town) (State)
DATE REC'D BY I	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO		-	ADDRESS
		77 47 1000				
V					053	5 436

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04865

Reg. Dist. No. / 44

1. PLACE OF DEATH- COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and OR give nearest town) atsatun (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print) Perry Crastics)	Martin - DATE (Month) (Day) (Year) DEATH May 9 195/
6. SEX (6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Manyuld	8. DATE OF BIRTH 9. AGE last birthday Ilyinder 1 year Hours Min. May. 15, 1878 73 yrs.
10a. USUAL OCCUPATION (Give kind of work done enring most of working life, even if retired) INDUSTRY IND	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4. 59
13. FATHER'S NAME David Martin	14. MOTHER'S MATTEN NAME.
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of 3/4-10-5876	Mas Jerry Martin Thurmond-RIV
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) toronomy ()	Eclusion 3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	eroais (1 years)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20, AUTOPSY?
hone_	Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Mayle	, 1951, to Man 9, 19.51, that I last saw the deceased
alive on May 9, 19.51, and that death occurred at .1. SIGNATURE: (Degree or title)	Moovm., from the causes and on the date stated above. ADPRESS DATE SIGNED
23 RURIAL CREMATION DATE THEREOF NAME OF CEMETE	Thurmout Md. May 10-51
REMOVAL (Specify) May 13. 1951 Blue O.	RY OR CREMATORY LOCATION (City, town, or county) (State)
REG May 11, 1951 Blanche J. Eyler	M. L. Creager Son Frumont Md



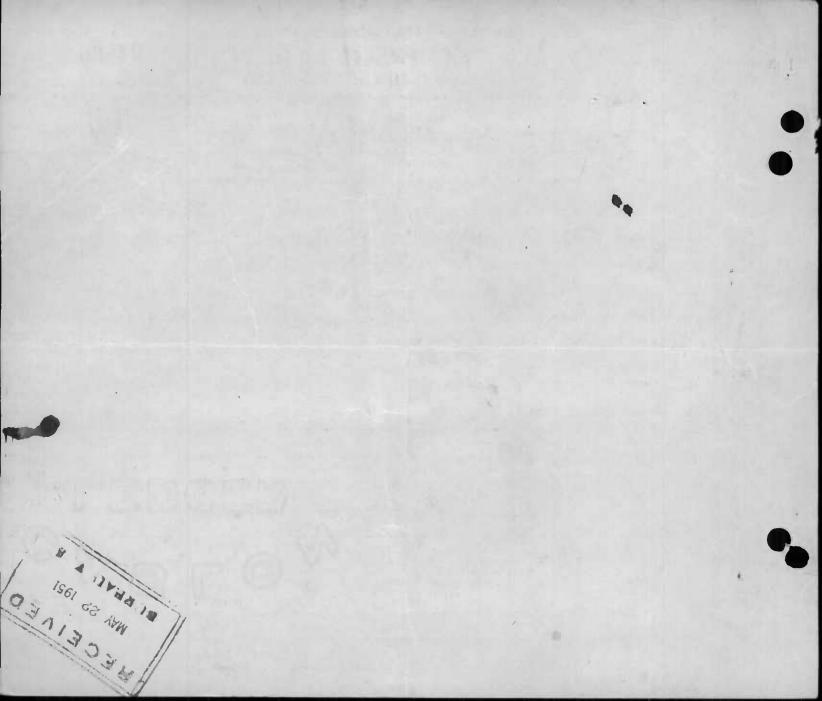
of information carefully death clearly and legibly. every item Suppl NFADING 1 Physicians: D : WITH important PLAINLY s especially (2) 50 EA

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

04866

FOR MEDICAL EXAMINERS Reg. Dist. No. 144 I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY MARYLAND CITY (If outside coporate limits, write RURAL and OR give near strown)
TOWN LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (In this place) TOWN HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Middle) (Month) (Dav) DECEASED DEATH MAN (Type or Print) 9. AGE last birthday | I vinder 1 year | If under 24 hrs | Months | Days | Hours | Min. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) don during most of working life ven if retired 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRYT & FATHER'S NAM MOTHER'S MAPPEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of pervice) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Amtecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY at work work 22. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR may 20 1951



M

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEAT COUNTY Free	derick	MARYLAND	2. USUAL RESIDENCE (I		COUNTY	Frederick
OR give neares	corporate limits, write RURA t town)Frederick	AL and LENGTH OF STAY 2 (in this place)	OR Freder	ick		nearest town)
		morial Hospital	STREET	(If rural, give to ilson Place	cation)	
3. NAME OF DECEASED (Type or Print)	(First) BELINDA	(Middle) RUTH	(Last) MEZZA	OF DEATH	5	Day) (Year) 13 1951
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	s. DATE OF BIRTH 17 Feb 1951	9. AGE last birthday yrs.	If under I y Mouths D	ear If under 24 hrs
10a. USUAL OCCUI	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	r foreign country)	12. (Co	CITIZEN OF WHAT
13. FATHER'S NAM Robert Me	ME		Helen Findley	LO WA	ilson P	lace.
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	Robert Mezza,	ADDDESS	erick,	
		18. MEDICAL CE	RTIFICATION		1	
Immedia Antecede Diseases or giving rise	te cause (a) ent cause(s) conditions, if any, to the above cause underlying cause last	Septicemia	organism ru	ot Determe	sit	ONSET AND DEATH
11. OTHER SIGNIF	(c) TCANT CONDITIONS outling to the death but not					
related to the dise	ase or condition causing deat	th. FINDINGS OF OPERATION				20. AUTOPSY?
IVE. DATE OF OPI	190. MIAJUR I	THE THE OF OLDINATION				Yes No XX
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T	OWN) (C	COUNTY)	(STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
	tify that I attended the	e deceased from April 3	30, 1951, to Hoy 1			
alive on	on 12, 19.51, an	d that death occurred at	5:15 A m., from the	causes and on the	date state	ed above. DATE SIGNED
Bern			Frederick, Mary	Land (City, town		(State)
REMOVAL (Spe	ecify) 13 May 19	951	24. FUNERAL DIRECTO	Atmore, Alab	ama	ADDRESS
DATE REC'D BY REG13 May		they Heck.	M. R. Etchison		ederick	
20217	125 = 366					



WITH U

PLAINLY.

3

EASE

M

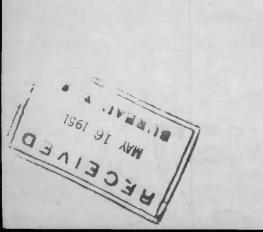
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04868

Reg. Dist. No. 131

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Frederick STATE Maryland COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY OR give nearest town) Frederick li (ipathis place) Frederick-Rural RD#L HOSPITAL OR (If rural, give location) INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital ADDRESS Davis Avenue (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED DANIEL MICHAEL MORNINGSTAR (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hre | Months | Days | Hours | Min. Male White 4 April 1878 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if retired) Ide Cream Factory COUNTRY? IISA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George H. Morningstar Harriett E. Grimes 15. WAS DECRASED EVER IN U.S. ARMED FORCES? I 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service) 214-10-3191 Mrs. Cora Morningstar, Frederick, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 186 a stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTINGY OF office bldg etc.) Injury Nicodlines Ire Cura Lo. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While st Not while -c. Cavator INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined ... SIGNATURE (Degree or title) DATE SIGNED Deputy Medical Examiner, Frederick, Maryland 11 May 1951 23. BURIAL GREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) WAL (Specify) May 1951 Mount Olivet Cemetery Frederick. Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland



The correct age

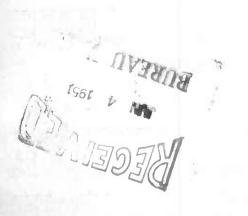
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04869

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE		
COUNTY	STATE	d Fre	ederick	
CITY (If outside corporato limits, write RURA OR give nearest town)	MARYLAND LENGTH OF STAY (in this place)		rate limits, write RURA	L and give nearest town)
HOSPITAL OR		STREET	(If rural give lo	estlon)
INSTITUTION OR	emorial Hospita	ADDRESS	(21 112 81 81 40 104	ca wow)
3. NAME OF (First)	(Middle)	(Last) .		onth) (Day) (Year)
DECEASED (Type or Print) E11a	M.	Moser	OF DEATH 5	28 157
female white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIOOW	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year If under 24 hr Months Days Hours Min.
10n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State Lovettsville	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.
housewife las. FATHER'S NAME	own nome	14. MOTHER'S MAIDE	J NAME	0.0.
- ~ ~		Virginia V		
Samuel Compher 15. Was Deceased Ever In U.S. Armed Forces:	? 16. SOCIAL SECURITY NO.	17. INFORMANT	THEET	
(Yes, no, or unknown) (If year, give war or detes o service)	none		Thrasher,	Burkittsville
Immediate cause (e)	PADING TO DEATH PEURAL HE	0		INTERVAL BETWEEN ONSET AND DEATH
Diseases or conditions, if any, giving rise to the above ceuse stating the underlying cause last (c)	Nejpertens	ion		
19a. DATE OF OPERATION 19b. MAJOR F				20. AUTOPSY?
				Yes No No
21. ACCIDENT (Specify) PLAC OF INJU	E (Home, farm, fectory, street, office hldg., etc.)	(CITY OR	TOWN) (C	OUNTY) (STATE)
TIME (Month) (Dey) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?	
22. I hereby certify that I attended the alive on	d that death occurred at (Degree or title)	ADDRESS M., from the	28, 1951, that causes and on the	5-29-51
DATE REC'D BY LOCAL RECISTRAR'S	51 Pleasant V	iew Cemetery 24. FUNERAL DIRECTO	Middletown	
29 may 1951 Elizaber	the y. Hech.	Cladbill Co	mnemar Mid.	Jotorn Nd
			The contract of the contract o	



04870

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H•		2. USUAL RESIDENCE	HOME) OF DECEASE	ED.
COUNTY Frederi	-1-	MARWANT	STATE		COUNTY
CITY (If outside o	corporate limits, write RUR	MARYLAND LAL and) LENGTH OF STAY	CITY (If outside corpo		L and give nearest town)
OR give neares	town)	(in this place)	OR TOWN Rura	7 30 171	lo and give nearest town,
HOSPITAL OR	T LACISATIFE		STREET	(If rural give lo	
INSTITUTION O STREET ADDRE	R ESS		ADDRESS		
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (M	onth) (Day) (Year)
(Type or Print)	Amanda	C. Myers		DEATH 5	27 1957
female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARTIE	8. DATE OF BIRTH	9. AGE last birthday 79 yrs.	If under 1 year If under 24 hrs Months Days Hours Min.
100 TISHAL OCCUP	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		1 12. CITIZEN OF WHAT
done during most of	working life, even if retired)	INDUSTRY home	Myersville,	Md.	COUNTRY? U.S.
13. FATHER'S NAM			14. MOTHER'S MAIDE		
	Moser		Maria Harmon	I.	
15. WAS DECEASED E (Yes, no. or unknown)	EVER IN U.S. ARMED FORCES (If year, give war or dates	of .	Charles S. N	Trope Maron	cville
по	service)	none	Chartes b. I	Tyers, myer	SATTE
	onditions directly ate cause (a)	LEADING TO DEATH	Haemourke	ye_	Interval Between Onset and Death 2 mon.
1062614	ent cause(s) conditions, if any, (b)	Chronic ?	mocarde	les.	3 yes.
giving rise	to the above cause underlying cause last				
Conditions contrib	ICANT CONDITIONS outing to the death but not age or condition causing dea	th.	·····	how \$60,000 to 65 x 62 60 60 00 00 00 00 00 x x x x x x x x x	() () () () () () () () () ()
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes \(\text{No} \(\text{No} \(\text{N} \)
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month)		INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF INJURY	m.	Work Not While			
		2/	C (1 %	1.1 [1	
	tify that I attended th	e deceased from Mach.	U, 1951, to / 1894	19.5., that	I last saw the deceased
22. I hereby cert			11 11 1	,	
1.	-1 21 -1	d that doeth commed at	The man frame the	and an the	data stated above
alive on A	-1 21 -1	nd that death occurred at	ADDRESS	e causes and on the	date stated above.
1.	-1 21 -1	d that death occurred at	ADDRESS	e causes and on the	300
alive on he SIGNATURE	1 2/2, 1951, ar	M. W	Beons	low	5/22/51
alive on	Willan ATTON DATE	M. W	Beons RY OR CREMATORY	causes and on the Love Location (City, town Myersville	1, or county) (State)
alive on	14 2 1961, ar Way IATION DATE city) 5/23/1	M. W NAME OF CEMETE U.B. Cemete	Beons RY OR CREMATORY	LOCATION (City, town Myersville	a, or county) (State) ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles Street, Baltimore

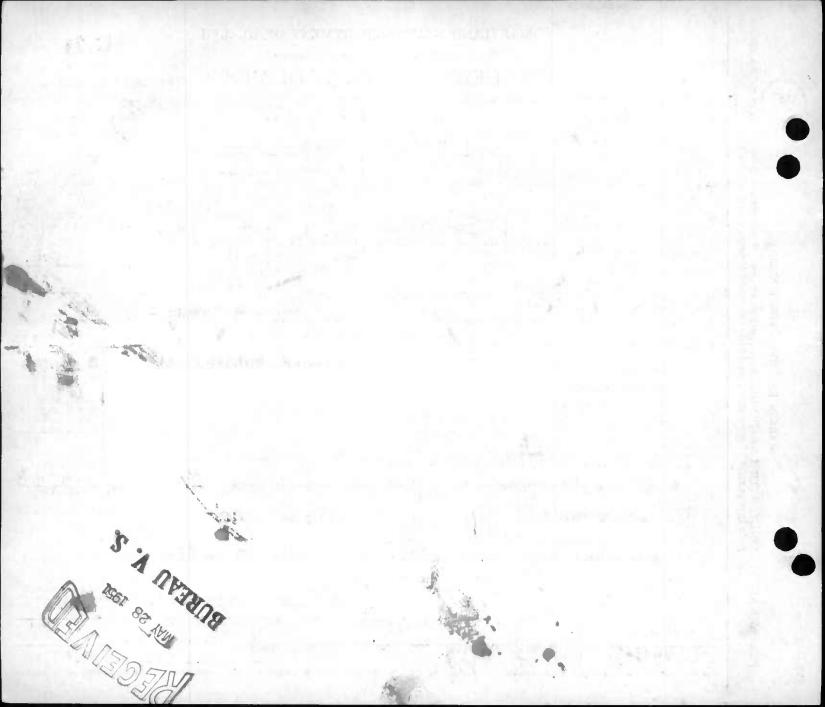
m

04871

CERTIFICATE OF DEATH

Reg. Dist. No. ... 139

1. PLACE OF DEATH			2. USUAL RESIDENCE (H STATE Maryland	OME) OF DECEASE	COUNTY _	
	rederick	MARYLAND	Maryland			
OR give nearest TOWN	orporate limits, write RUR town)	From 10-19-50	OR TOWN Baltimor	te limits, write RURA	L and give nes	rest town)
HOSPITAL OR		+0 5 21 51	STREET	(If rural, give lo	antion)	
INSTITUTION OF STREET ADDRESS	SsState Sanat	to 5-24-51 orium	ADDRESS	ight St.	cation)	
3. NAME OF	(First)	(Middle)	(Last)		onth) (Da	ay) (Year)
(Type or Print)	Robert	E	Noonan	OF DEATH May	24	4 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 yes	ar III under 24 hrs
Male	White	WIDOWED, DIVORCED, (Specify) WICOWED	Aug. 13, 1892	. 58 yrs.	Months. Day	a Hours Min.
	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. C17	TIZEN OF WHAT
Post Offi	ce Clerk	INDOSER.	Marylan	ıd	Coun	U.S.
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME		.1
Joh	n J. Noonan		Ellen K	ellv		4.0
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT			
(Yes, no, or unknown)	(If year, give war or dates of service)	None	Bernard	Noonan -	Son	
210		HOILE	Dominara	. If O OII GII	0011	
I DISEASES OF CO	NDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION		INT	ERVAL BETWEEN
i. Didensis on oc	ALDITIONS DIRECTED	BEADING TO BEATH			UN	SET AND DEATH
Immediate	C C C C C C C C C C C C C C C C C C C		Pulmonary Tub	erculosis	8	months
1/1-2X				0		* \$4 **********************************
Anteceden	it cause(s)				183	
Diseases or o	conditions, if any, (b)					
5 X giving rise to	the above cause nderlying cause last			ФФтогра ФФ ч чч р о соо в вывыварны р о в вор до		17 0 10 10 10 10 10 0 0 0 0 0 0 0 0 0 0
	CANT CONDITIONS uting to the death but not see or condition causing deat	h.	***************************************	180000 mmon 97 95002 o und-order a vice a a sea ag air	***************************************	PP - 1-intrampp 26 + 250 - 1-idl 1-intramp and
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			20,	AUTOPSY?
					v	es 🗆 No 💢
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	OWN) (C	COUNTY)	(STATE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	TTD 9		
OF (Month)	(Day) (lear) (Hour)	While at Not While	HOW DID INJURI OCC	ORI		
INJURY	m.	Work At work				
22. I hereby certi	fy that I attended the	deceased from Oct. 19	9, 19 50, to May 24	19.51 that	I last saw t	he deceased
alive on May.	7, 19. 2.1, an	d that death occurred at	ADDRESS	auses and on the		above. ATE SIGNED
1	Y. A. Nico	NI-N.	State Sanato	rium, Md.		-26-51
92 DUDIAL CDEM	ATION DATE	I NAME OF CENTERS				
23. BURIAL, CREMA REMOVAL (Special		HOLY CROSS		A.A. CO.	MD.	(State)
DATE REC'D BY	LOCAL REGISTRAR	SIGNATURE	24. FUNERAL DIRECTOR	3	AJ	DDRESS
REG. 5-25-	51 B'K	-ryon	BERNARD C. I	HARLE 121 E.	West St	G e
		70				



CERTIFICATE OF DEATH

Reg. Dist. No..

1. PLACE OF DEATH	н.		2. USUAL RESIDENCE (
	derick	MARYLAND	STATE Marylan	d CO	Frederick
THE PARTY OF THE P	A DE TA DA PATTER	AT . A LE ENVOIRE OR CHAIL	CITY If outside corpor	rate limits, write RURAL as	nd give nearest town)
OR givo nearest	rown) Frederick-	Qual (in this place)	OR TOWN Reel's	Mille	
HOSPITAL OR	Trederion	decotal 1 monone	STREET	(If rural, give location	on)
INSTITUTION OF	R Montevue		ADDRESS		011)
STREET ADDRE	00			ick R.F.D. #2	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	()
(Type or Print)	Walter	Joshua	O'Bryan	DEATH May	28, 151
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If u	inder 1 year If under 24 hrs
Male	White	(Specify) Married	April 3,1875	76 yrs. Mo	nths Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work vorking life, even if retired) B&O Trackman	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of w	Parking life, even if retired)	INDUSTRY Railroad	Maryland, Fre	derick Co.	COUNTRY? U.S.A
13. FATHER'S NAM	E TIACKHAII	TRAILI OGU	Maryland, Fre	NAME	0.00.
			Anne Knight		
	as O' Bryan ver In U.S. Arned Forces	37 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDITICS	
(Yes, no, or unknown)	(If yes, give war or dates	-1			D B D #0
	service)	01 705-10-2064		ryan;Frederick	R.F.D. #2
		18. MEDICAL CE	RTIFICATION		Townson Design
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	/	7 0 0.12	13		- D
Immediat	e cause (a)	senelenel Her	see strange		SING
771V .					
	nt cause(s)	Me Tero Sela	6 MIO		1536/1 - Lo
Diseases or o	conditions, if any, (b)	Later Sand borten to the branches with the state of the s	the things and the same and the	** ***********************************	and the second second
830 stating the u	inderlying cause last				
	(e)				The state of the s
II. OTHER SIGNIFI	ICANT CONDITIONS uting to the death but not				
related to the disea	se or condition causing dear	th.			
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY OR	rown) (COU)	
SUICIDE	OF INJ	office bidg., etc.)	0 1 0		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
HOMICIDE TIME (Month)		INJURY OCCURRED	I HOW DID INJURY OF	CUR	
OF		While at Not While	NOW DID INCOME OF	.001.	
INJURY	m.	Work At work	1		
0. V.1 1 1	.e. a. a. T a 3 - 3 al-	3 3 7 5	10/00	25 10 27 11-4 T 1	-4 - 41 1
22. I hereby cert	my that I attended th	e deceased from 3	, 195, to	, 1912/, that 1 is	ast saw the deceased
alivo on	2 1 1937 ar	nd that death occurred at (Degree or title)	6:30 Pem from the	causes and on the da	te stated above
SIGNATURE	Adjumited, I Designi, at	(Degree or title)	ADDRESS	causes and on the da	DATE SIGNED
SIGNATORE			1	6 1 , 1	1
16	3 1 2 3-	2	Frat LE	cet Yill	P/2/1/51
23. BURIAL, CREM		OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or	county) (State)
REMOVAL (Spec	TAL May 31.19	51 Wt Olivet C	amoterry	Fradariak Maw	land
DATE REC'D BY		SIGNATURE	Cemetery 24. FUNERAL DIRECTO	Frederick, Mary	ADDRESS
REG		to be the			
29 Way 193	5-1 Elizabet	u y. Heck-	M.R. Etchison &	Son, Frederick,	Mary Land
U	2				annent

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04873

Reg. Dist. No. 131

I. PLACE OF DEATH	H. lerick	MARWAND	2. USUAL RESIDENCE (Marylan		ED. COUNTY	rederick
OR give pearest	orporate limits, write RUR.	(the othic mises)	GITY (If outside corpor		AL and give	
HOSPITAL OR INSTITUTION OF STREET ADDRESS	R 27 - 77 2		STREET	(If rural, give I Urbana		
3. NAME OF	(First)	(Middle)	(Last)		onth)	(Day) (Year)
(Type or Print)	THERESA	BEATRICE	O'MALLEY	OF DEATH	5	4 151
Female	6. COLOR OR RACE White	7. SINGLE, MARRIET, WIDOWED DIVORCED? (Specify) WICOW	8. DATE OF BIRTH 2 Feb 1889	9. AGE last birthdsy 62 yrs.	If under I Months	year If under 24 bra. Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business on Industry At Home	II. BIRTHPLACE (State Ireland	or foreign country)	12. C	CITIZEN OF WHAT
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN			
Michael Mc			Sarah (last na			
(Yes. no or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	None None	Mrs. Voreonica	FILESTON	· F. H. jamsvil	., ,
		18. MEDICAL CE	RTIFICATION		ı	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a)	Coronary Occlusion	1	**************************************		immediate
420, Anteceden	it cause(s)					
giving rise to	conditions, if any, (b) the above cause inderlying cause last	***************************************	0000** 0 0000 00* 0 0000 000 00* 00 0000 ° 00 0000 ° 00 0000 ° 00	PR 8 MINISTER F F FINE BOOK B 8 600 8 66 66 600 0 4 600 900 900 1 7 VIV	*****************	viii die 90 90 triumpooguvos delibborusbalassi vad 1 604
II. OTHER SIGNIFIC	(c)					
Conditions contribu	ting to the death but not se or condition causing death	h.				
19a. DATE OF OPEI		INDINGS OF OPERATION				20. AUTOPSY?
						Yes Now
21. EXTERNAL CAUPRIMARY or CO	NTRIBUTING OF INJU	CE (Home, farm, factory, street, office bldg., etc.) IRY	(CITY OR	TOWN) (COUNTY)	(STATE)
DEANTHRY 5-4-	(Day) (Year) (Hour) 51 5 Am.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OF	CCURI		
22. I certify that I obtained by said	took charge of the remard Autopsy, Inspection or	ins described above, held an A Inquiry, find that said dece , suicide , homicide , (Degree or title)	ased died on the day state	▼, Inquiry ▼ there ed above, and death	eon and fr in my o	rom the evidence pinion resulted
Of n	1.00 aer	Deputy Medical Ex				May 1951
BURIAL (Speci	(y) 7 May 19!	St. Josephs	Cemetery	LOCATION (City, tow lear Buckeyst		
DATE REC'D BY I	COCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR		ADDRESS
1	- consult	w v. Tj zw			,	, , , , , , , , , , , ,

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	CERTIFICAT	TE OF DEAT	TH Reg. I	Dist. No. 131
1. PLACE OF DEATHOUSE Frederick	2. USUAL RESIDENCE (STATE Maryland		COUNTY Frederick	
OR give nearest town) Town Frederick-Rural R	AL and LENGTH OF STAY O#4 (in this place)	OR Freder	rate limite, write RURAL Pick-Rural RD#	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Buckeys		STREET Near	(If rural, give loc Buckeystown	ation)
3. NAME OF (First) DECEASED (Type or Print) FELIX	(Middle) LORENZO	(Last) PLUNKARD	4. DATE (Mor OF DEATH 5	22 151
6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	5 May 1887	64 yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. Kind of Business on Farm Tennant	Maryland		12. CITIZEN OF WHAT COUNTRY? USA
Pius Plunkard		Margaret Eng	مار	D #1.
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no. or unknown) (If yes, give war or dates service)	of None	17. INFORMANT AND Mrs. Ella Plun	kard, Freder	ick, Md.
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	18. MEDICAL CE	g live		INTERVAL BETWEEN ONSET AND DEATE
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR	th. FINDINGS OF OPERATION	•		20. AUTOPSY?
23 mos 50 Liver	Cuiopay: Care	enorua of li	uer	Yes 🗍 No 🕅
21. ACCIDENT (Specify) PLA SUICIDE HOMICIDE INJU	CE (Honge, farm, factory, street, office bldg., etc.) JRY	(TY OR	TOWN) (CC	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CUR?	
22. I hereby certify that I attended the				last saw the deceased
alive on 2 May 19.5', an	d that death occurred at (Degree or title)			
23. BURIAL, CREMATION DATE THERE			LOCATION (City, town,	
Bullial (Specify) 24 May 1			Frederick, Ma	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	M. R. Etchison		ADDRESS



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

()4875 Reg. Dist. No. 131

December County Prederick Maryland County Prederick City (I outside exponents limite, write RURAL and LENGTH OF STATE Maryland County Prederick City (I outside exponents limite, write RURAL and LENGTH OF STATE City (I outside exponents limite, write RURAL and LENGTH OF STATE City (I outside exponents limite, write RURAL and LENGTH OF STATE City (I outside exponents limite, write RURAL and LENGTH OF STATE City (I outside exponents limite, write RURAL and City (II outsid						
CITY (If cutside corporate limits, write RURAL and give nearest town) OR greater town) Frederick F	1. PLACE OF DEATH COUNTY Fred	H· erick	MA DVI AND		OME) OF DECEASE	D. COUNTY Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 602 East Patrick Street 3. NAME OF CHINAL COLOR OR RACE 7. SINGLE, MARKED. 19. ALICE REINER DEATH 5. L. 19. 19. 19. ALICE REINER DEATH 5. L. 19. 19. ALICE REINER DEATH 5. L. 19. 19. ALICE REINER DEATH 5. L. 19. ALICE REINER DEATH 5. L. 19. ALICE DEATH 5. L. 19. ALICE DEATH 5. ALICE REINER DEATH 5. L. 19. ALICE DEATH 5. L. 19. ALICE DEATH 5. L. 19. ALICE DEATH 5. ALI	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Translated in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
DECEASED (Type or Print) 6. SEX Female White (Specify) SINGLE, MARKHED, (SPECIF MARKHED, (SPECIF MARKHED, SIGNATURE) SINGLE, MARKHED, SIGNATURE SINGLE, MARK	HOSPITAL OR INSTITUTION OR 602 Fact Dataick Street		STREET (If rural, give location)			
(COUNTY) (STATE) (COUNTY) (ST		(First)	(Middle)	(Last)		onth) (Day) (Year)
S. SEX Female White Wilder Support of the Support o		SARAH		RENNER		5 11 1951
10b. KIND OF BUSINESS OR II. BIRTIFILACE (State or foreign country) 11c. MATCHING AND ME William Renner 11c. WAS DECASTO EVER IN U.S. ARMED FORCES? 11c. MEDICAL CERTIFICATION 11c. METERVAL DECASTO AND ARMED COLOR OF			7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	s. DATE OF BIRTH 20 Oct 1861	89	If under 1 year II under 24 hrs. Months Days Hours Min.
William Renner 15. Was Decreased Ever In U.S. Arrest Forces? 16. Social Security No. 17. Informant and Address Mrs. Roy G. Putman, Frederick, Md. 18. MEDICAL CERTIFICATION 19. DATE of conditions, I say, by great and control of the death but not related to the disease or condition causing death. 192. ACCIDENT (Specify) OF OFFICATION (STATE) OFFICATION (STA	done during most of w	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (You also or unknown) (If you, five war or dates of None None None Mrs. Roy G. Putman, Frederick, Md. 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Antecedent cause(s) Diseases or conditions, if any, giving rise to the dath out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death out not related to the disease or conditions contributing to the death of t						
(Yes, no or unknown) (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION 19. J. ACCIDENT 19. J. ACCIDE	William !	Renner		1	600	P. Dataiale Ct
Immediate cause (a) Cardiac decomposition of Death Immediate cause (b) Cardiac decomposition deco	15. Was Decrased E (Yes, no, or unknown)	[(If yes, give war or dates	16. SOCIAL SECURITY NO. None	Mrs. Roy G. Put		
Immediate cause (a) Carolicae , decompanion of Death Joseph Santecedent cause (a) Diseases or conditions, if any, (b) Diseases or conditions, if any, (b) Stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the classes or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) OF office bidg., etc.) HOMICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While HOW DID INJURY OCCUR? DEATH OF OFFICE OFFI			18. MEDICAL CE	RTIFICATION		
Immediate cause (a) Cardiac, decompensation acute 3 day 34, 34, 34, 34, 34, 35, 36, 36, 36, 36, 36, 36, 36, 36, 36, 36	I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No & SUICIDE NO & SUICID	515551515			7		
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No & SUICIDE NO & SUICID	Immediat	e cause (a)	ardiae, dec	ompensales	a , acce	la 3 days
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No & SUICIDE NO & SUICID	424 ZANGOODO	nt semen(s)				
giving rise to the above cause sast sating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (Specify) Office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While Mork At work 1) 22. I hereby certify that I attended the deceased from 5 195, to 5 2 30 Am., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS M. D. Frederick, Maryland 11 May 1951 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Burially AL (Specify) 114 May 1951 DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 22. FUNERAL DIRECTOR ADDRESS M. D. Frederick Ameryland Address A	Diseases or	conditions, if any, (b)	Similary	18 d grot - 157 1 1 4 6 6 6 8 4 4 4 4 4 5 6 6 9 4 1 4 1 5 1 5 1 6 6 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		40 44 4 m 40 co
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No SY 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not Whi	95 giving rise to	o the above cause	0			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No SX 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street. (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY (STATE) (CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (More to the county)	1 to Co second and o					
29a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20a. AUTOPSY? Yes No 18c 21a. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED William Not While Mork At work 100 Mork 1	Conditions contribu	CANT CONDITIONS	th.			
21. ACCIDENT SUICIDE OF office bldg., etc.) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) While at Not While Mork At work How DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 5 7 19.5 1, to 5 7 8 19.5 1, that I last saw the deceased alive on 5 7 19.5 1, and that death occurred at 2:30 Am., from the causes and on the date stated above. SIGNATURE 23. BURIAL CREMATION DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL CREMATION DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REG. 24. FUNERAL DIRECTOR ADDRESS M. D. Frederick Maryland P. Etchison S. San D. Addletown, Maryland ADDRESS M. D. Frederick Maryland P. Etchison S. San D. Addletown, Maryland ADDRESS M. D. Etchison S. San D. Addletown, Maryland DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REG. M. D. Etchison S. San D. Addletown, Maryland						20. AUTOPSY?
21. ACCIDENT SUICIDE OF office bldg., etc.) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) While at Not While Mork At work How DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 5 7 19.5 1, to 5 7 8 19.5 1, that I last saw the deceased alive on 5 7 19.5 1, and that death occurred at 2:30 Am., from the causes and on the date stated above. SIGNATURE 23. BURIAL CREMATION DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL CREMATION DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REG. 24. FUNERAL DIRECTOR ADDRESS M. D. Frederick Maryland P. Etchison S. San D. Addletown, Maryland ADDRESS M. D. Frederick Maryland P. Etchison S. San D. Addletown, Maryland ADDRESS M. D. Etchison S. San D. Addletown, Maryland DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REG. M. D. Etchison S. San D. Addletown, Maryland						Ven D No 36X
TIME (Month) (Day) (Year) (Hour) While at Not While of Not While at Not While at Not While at Not While of Not While at Not While at Not While at Not While of No	SUICIDE	OF	office bldg., etc.)	(CITY OR TO	WN) (C	
22. I hereby certify that I attended the deceased from 5 - 8, 19.5%, to 5 - 8, 19.5%, that I last saw the deceased alive on 5 - 8, 19.5%, and that death occurred at 2:30 A.m., from the causes and on the date stated above. SIGNATURE: M. D. Frederick, Maryland 11 May 1951 23. BURIAL CREMATION DATE THERES NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Burian Val (Specify) DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS M. D. Frederick, Maryland 24. FUNERAL DIRECTOR ADDRESS M. D. Frederick (Specify) ADDRESS ADDRESS ADDRESS ADDRESS	TIME (Month)		While at Not While	HOW DID INJURY OCC	UR?	
alive on 5.7 and that death occurred at 2:30 Åm., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS M. D. Frederick, Maryland 11 May 1951 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL (Specify) 11 May 1951 Lutheran Cemetery Middle town, Maryland DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REG. 19 LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS M. D. Freshison & Same B. Local Registrar's SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	TIAN CITET		I WORK At WORK			
M. D. Frederick, Maryland 11 May 1951 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Burianval (Specify) 11, May 1951 Lutheran Cemetery Middle town, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. 19 10 10 10 10 10 10 10 10 10 10 10 10 10				<i>c</i> - 0		
M. D. Frederick, Maryland 11 May 1951 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Burianval (Specify) 11, May 1951 Lutheran Cemetery Middle town, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. 19 10 10 10 10 10 10 10 10 10 10 10 10 10				19 <i>51</i> , to <i>5-8</i>	, 195/, that	I last saw the deceased
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Burial (Specify) 11, May 1951 Lutheran Cemetery Middle town, Maryland DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Middle town, Maryland 24. FUNERAL DIRECTOR ADDRESS REG. 2 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	22. I hereby cert	ify that I attended th	e deceased from 5 - 8			
Buringval (Specify) 11; May 1951 Lutheran Cemetery Middletown, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. A LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. A LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. A LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ADDRESS A LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS A LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS	22. I hereby cert	ify that I attended th	e deceased from 5 - 8	2:30 Am., from the capable Address	auses and on the	date stated above. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 19 19 19 19 19 19 19 19 19 19 19 19 19	22. I hereby cert	fify that I attended the 1951, and	e deceased from 5 - 8 and that death occurred at (Degree or title) M. D.	2:30 A _{m.} , from the capabolarist Frederick, Mary	auses and on the	date stated above. DATE SIGNED 11 May 1951
17 THE TOTAL PARTY	22. I hereby cert alive on 5 SIGNATURE Nobest 23. RURIAL CREW	Ify that I attended the S. 1951, and I June 1	e deceased from 5 - 8 dd that death occurred at (Degree or title) M. D. NAME OF CEMETE	2:30 A _{m.} , from the capabless Frederick, Mary	auses and on the	date stated above. DATE SIGNED 11 May 1951 a, or county) (State)
	22. I hereby cert alive on	ATTON DATE THERE	d that death occurred at (Degree or title) M. D. NAME OF CEMETE Lutheran Ce	2:30 Am., from the card address Frederick, Mary RY OR CREMATORY LO ME tery M. 124. FUNERAL DIRECTOR	land CATION (City, town iddle town, l	date stated above. DATE SIGNED 11 May 1951 a, or county) (State) Maryland ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

04876

CERTIFICATE OF DEATH

1. PLACE OF DEAT	н.		2. USUAL RESIDENCE		EASED.	V	1.
COUNTY Fred	erick	MARYLAND	Maryran			Y Freder	
CITY (If outside of	corporate limits, write RUR.	AL and LENGTH OF STAY	OR CITY (Il outside corpo		URAL and giv	ve nearest tov	vn)
TOWN	town)Frederick	20 this place)	Tem Freder				
HOSPITAL OR INSTITUTION O	P 000 - 1		STREET ADDRESS 322 F		ve location)		
STREET ADDRE	ss 322 East Thi	rd Street	ADDITEDS 322 F	last Third	Street		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE OF	(Month)	(Day)	(Year)
(Type or Print)	DORA	LEE	ROUTZHAN	DEATH	5	10	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirth	day If under	1 year If un	der 24 hrs.
Female	White	WIDOWED, DIVORCED, (Specify) WIGOW	13 April 1869	82	yrs. Months	Days Hou	Min.
10a. USUAL OCCUI	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or loreign country)	12	2. CITIZEN O	P WHAT
done during most of	working life, even If retired)	INDUSTRICOUSE-WORK	Maryland			COUNTRY? U	SA
13. FATHER'S NAM	AE .		14. MOTHER'S MAIDE	N NAME			
George C.	Stone		Ellen Fraley	200	P 2-3	CT	
15 WAS DECEASED I	WER IN IIS ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS 3	-b-)ra	200,	
(Yes, no or unknown)	(If yes, give war or dates (service)	None	Mrs. Roy H. Du	itrow, Fre	ederick,	Md.	
		18. MEDICAL CE	ERTIFICATION			1.	
A DIGENOES OF C	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL ONSET AND	
I. DISEASES OR C	ONDITIONS DIRECTLI	PADING TO DEATH	0	P. 11		man	
Immedia	to course (a)	home Cardy	- wascular	vens or	redax	Dea	
03 0	te cause		7	2//	- 1	0	
Antecede	nt cause(s)	Fracture of le	Of His -	129/5			
10/ 22-0-2-0	conditions, il any, (b)	1 man of the		f			
	underlying cause last	(Not known whether	r the femur bro	ke before	or after	the f	al 1)
	(c)	1200 220012					
II. OTHER SIGNIF	ICANT CONDITIONS uting to the death but not						
related to the dise	ase or condition causing deal	.h					
19a. DATE OF OPI	RATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTO	PSY
						Yes [No XX
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN)	COUNTY	the same of	TE)
SUICIDE HOMICIDE	accident INI	office bldg., etc.) JRYKITCHEN of her	.,	de m	Fred	· 126	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCURT	11/2	11	
OF INJURY 3-2	9-51 m.	Work At work	Fell on the k	itchen flo	or - (5)	/28/51	akc)
		10	149 5/1	1/51 .	4 15	-4.	
22. I hereby cer	tify that I attended th	e deceased from	7, 10, to	, 19H	hat I last a	saw the de	ceased
5	110/50	d that double assumed at	1:30P m., from th	o carron and on	the date of	ented above	
alive on	1.1.0.f, at	d that death occurred at	ADDRESS	e causes and on	the date st	DATE S	IGNED
SIGNATURN	. 7/1	// //		for Land	22		
Hou	rand 1. C	bly M. D.	Frederick, Man			May 19	7
23. BURIAL, CREA	MATION DATE THERE		ERY OR CREMATORY	LOCATION (City			State)
BUREMQVAL (Spe	Director Contractor						
The state of the s	eify) 13 May 19	951 Lutheran Ce	eme tery	Middletown	Maryl	and	
DATE REC'D BY	(13 May 19		24. FUNERAL DIRECT	OR		ADDRES	
	(13 May 19			OR		ADDRES	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

correct age



À

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

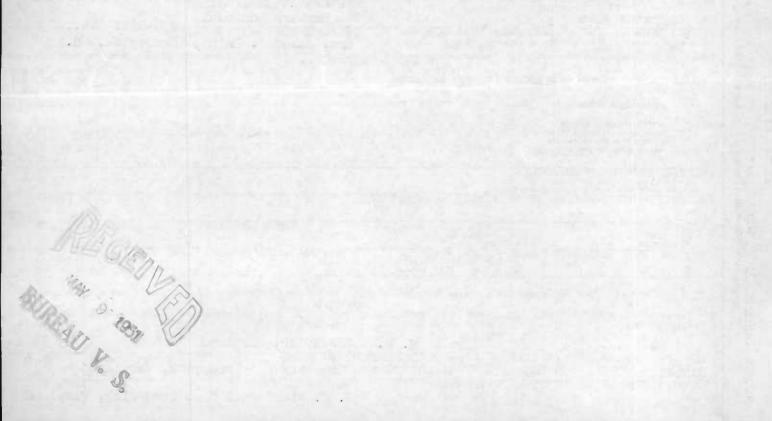
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1487'7 Reg. Dist. No. 131

290246

1. PLACE OF DEATH COUNTY Fre	ederick	MARYLAND	2. USUAL RESIDENCE (STATE Marylar		COUNTY F	rederick
CITY (If outside cook give nearest	orporete limits, write RU town) Frederick	RAL and LENGTH OF STAY	CITY (If outside corpor		L and give no	earest town)
HOSPITAL OR		Memorial Hospital	STREET	(If rural, give lo	ocation)	
3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Mlddle)	(Last) ROWE	4. DATE (Mo	onth) (I	(Year) 5 1951
t. sex Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) WIDOWED	s. DATE OF BIRTH 28 Jan 1872	9. AGE last birthday 79 yrs.	If under 1 ye Months Da	
done during most of w	ATION (Give kind of working life, even if retired ISLINESS	k 10h. KIND OF BUSINESS OF	11. BIRTHPLACE (State)			TIZEN OF WHAT
13. FATHER'S NAM Augustus	E		Barbara Sch	rodel 225 I	ill Ave	
15. Was Decrased E	ver In U.S. Armed Ford (If yes, give war or date (service)	res? 16. Social Security No. None	Mrs. James I. I	ADDRESS	erick, N	
0 (2000)		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CO	NDITIONS DIRECTL	Y LEADING TO DEATH				TERVAL BETWEEN NEET AND DEATH
II DIDENIOLO OLI CO	ALLEGA DILLEGA		61 1 1.		0.	AND THE PERIOD
Immediat	0 00000 (1)	Lucustore	5 Cullale		. /	2 wes.
Immediac	c cause (-/-	1 A-	1 -	1 5	1.	A
Diseases or	nf cause(s) conditions, if any, (b)_ the above cause	Culeria n	replanted	infared	lon .	Zuke.
93d stating the u	inderlying cause last (c)	arterio Sele	ratio hear	Alielae	e Va	ograt
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing de	eath.				0
		FINDINGS OF OPERATION			20	O. AUTOPSY?
						Yes No XX
21. ACCIDENT SUICIDE HOMICIDE	01	ACE (Home, farm, factory, street, office bldg., etc.) JURY	(CITY OR	rown) (C	COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	While at Not While	HOW DID INJURY OC	CUR?		
		the deceased from and	מיבב מ	/		
alive on.	1/ (%)	and that death occurred at	ADDRESS		I	DATE SIGNED
23. BURIAL, CREM	ATION DATE THER	EOF NAME OF CEMETE	Frederick, Mar	yland LOCATION (City, town		May 1951 (State)
Burlatval (Spec	(ify) 8 May	L954 Mount Olive	t Cemetery	Frederick, Ma	aryland	
DATE REC'D BY	5 Eliza	buth J. Hech.	M. R. Etchison			Maryland
J	1				25/13:	



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04878

CERTIFICATE OF DEATH

COUNTY Fred	erick	MARYLAND	2. USUAL RESIDENCE (STATE Marylar	id	COUNTY F	rederick
CITY (If outside c	orporate limits, write RUR. town) erick-Rural RD	AL and LENGTH OF STAY 2 Weeks	OR Freder	11-1 1 -	AL and give ned	arest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Emergency H		STREET ADDRESS MC	(If rural, give lo ontevue	ocation)	
3. NAME OF DECEASED (Type or Print)	(First) LAURA	(Middle) ELLEN	(Last) SCHOLL	4. DATE (M. OF DEATH	onth) (D	ay) (Year) 7 151
Female	6. COLOR OR RACE White	7. SINGLE, MARKIED; WIDOMSD DIVERSED, (Specify) SINGLE	s. DATE OF BIRTH	9. AGE last hirthday 80 yrs.	If under I yes Months Day	Hours Min.
10a. USUAL OCCUP. dane during most of v HOUSE-WORK	ATION (Give kind of work working life, even if retired)	10h. Kind of Business on Industry At Home	Maryland	or foreign country)	12. Cr Cour	TIZEN OF WHAT
13. FATHER'S NAM Lewis Sch	Œ		Sarah Link	606	Trail A	
15. WAS DECRASED E (Yes, no or unknown)	ver In U.S. Armed Forces (If yes, give war or dates of service)	7 16. SOCIAL SECURITY NO. None	Mrs. Mildred S	AUDICEGO		
		18. MEDICAL CE	RTIFICATION		1_	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	, , . ,			TERVAL BETWEEN
		Chronic Nej	lest.			~ cear
Immediat	e cause (a)	Carpue 19/1	gruco.	\$00000d \		0 1000
T92X Antonodor	nt cause(s)					
Diseases or	conditions, if any, (b)		**	в на принција на 1994 на постана по пораја принција и 1994 година и 1994 година по постана по 1994 година по п		9 00 000 000 000 000 000 000 000 000 00
13/1- giving rise to	o the above cause inderlying cause last					
To the state of	(c)				10	
Conditions contribu	CANT CONDITIONS uting to the death hut not se or condition causing deat	h.				
		FINDINGS OF OPERATION			20	. AUTOPSY?
					1	es 🗆 No 🙉
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (C	COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?		
22. I hereby cert	ify that I attended the	e deceased from Sau. 1	, 1946, to May	7 , 19.51 , that	I last saw	the deceased
alive on	oy 6 , 1951, an	d that death occurred at	7 A m., from the	e causes and on the	date stated	above.
Bern	ard O. Vuernas	//	Frederick, Mar			May 1951
23. BURIAL, CREM BUITAL (Spec	(Hy) 9 May 199	Mount Olivet		Frederick, M	laryland	(State)
DATE REC'D BY			M. R. Etchison			DDRESS Maryland
0	9					



12.13



CEDTIFICATE OF DEATH

		CERTIFICAT	E OF DEA	Reg	g. Dist. No	122
1. PLACE OF DEAT			2. USUAL RESIDENCE			
chrederic		MARYLAND	Maryla	nd	Frederi	ck
OR give neares	corporate limits, write RUR	AL and LENGTH OF STAY 20 years	OD.	orate limits, write RUI Middletow		earest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R	<u> </u>	STREET ADDRESS	(If rural give	iocation)	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Day) (Year)
(Type or Print)	Clara F	Rebecca Shat		DEATH	5	4 195
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthd	ay If under 1 y Months De	ear If under 24 hr ays Hours Min.
female	White	(Specify) married 10b. Kind of Business on	17/70/1806 11. BIRTHPLACE (State	154 yr	8.	
done during most of	PATION (Give kind of work working life, even if retired)	INDUSTRY HOME	Fairfax, V		12. C	U.S.
13. FATHER'S NAM	ME		14. MOTHER'S MAIDI	EN NAME		
William	Ainsworth		Mary Coste	lla		
15. WAS DECRASED E	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT			
(Yes, no, or unknown)	(If year, give war or dates a service)	none	Emory T. Sh	afer, Midd	letown.	Md
Immedia Antecede Diseases or giving rise stating the II. OTHER SIGNIF Conditions contril	ent cause (a) conditions, if any, (b) to the above cause underlying cause last ICANT CONDITIONS outing to the death but not assor or condition causing death	Chronie Brouch	Myo eard of JAsth	itis .	C	ONSET AND DEATE
		FINDINGS OF OPERATION			1 2	20. AUTOPSY?
						Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office hldg., etc.) JRY	(CITY OF	R TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?		
alive on	ATION DATE CITY 5/6/1951	Reformed Co	RY OR CREMATORY	LOCATION (City, Middletow	own, or county)	d above. DATE SIGNED (State) Md.
DATE REC'D BY REG.	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT			ADDRESS
REG. 5-6-	701 mane	- Gladelle	Gladhill Co	., Midalet	own, Mo	. •

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04880

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Arederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Judinos
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Lea Custade Length of STAY Length of STAY Custade Length of STAY	CITY (If outside convorate limits, write RURAL and give nearest town) OR TOWN Real Caseage,
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (Type or Print) (First) (Middle)	Smith 4. DATE (Month) (Day) (Year) OF DEATH May 13 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Specify) (Application of the color	S. DATE OF BIRTH 9. AGE last birthday Wonder I year Hours Min. No. 18 69 9. AGE last birthday Wonder I year Hours Min. No. 18 69 9. AGE last birthday Wonder I year Hours Min. No. 18 69 9. AGE last birthday Wonder I year Hours Min. No. 18 69 9. AGE last birthday Wonder I year Hours Min. No. 18 69 9. AGE last birthday Wonder I year Min. No. 18 69 9. AGE last birthday Wonder I year Min. No. 18 69 9. AGE last birthday Wonder I year Min. No. 18 69 9. AGE last birthday Wonder I year Min. No. 18 69 9. AGE last birthday Wonder I year Min. No. 18 69 9. AGE last birthday Wonder I year Min. No. 18 69 9. AGE last birthday Wonder I year Min. No. 18 69 9. AGE last birthday Wonder I year Min. No. 18 69 9. AGE last birthday Wonder I year Min. No. 18 69 9. AGE last birthday Wonder I year Min. No. 18 69 9. AGE last birthday Wonder I year Min. No. 18 69 9. AGE last birthday Wonder I year Min. No. 18 69 9. AGE last birthday Wonder I year Wo
10a. USUAL OGCUPATION (Give kind of work done during most of working life, even if retired) Additional Samuel. 10b. Kind of Business or Industry Industry Additional Samuel.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTEY? U.S. G.
13. FATHER'S NAMED Shelliand Smith	14. MOTHER'S MAJBEN NAME Manahan
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	William and Address Cascade, Md.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	1 1
Immediate cause (a) Implemaga	2 days
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	fablement
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE 1. INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 9	195/., to May 11., 19.5, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
James T. Fray Min.	Therward Med ' May 12-51
REMOVAL (Specify) Mary 15, 1951 Bithel-Ch	ery or crematory Location (City, town, or county) (State) was of Sod Coseade Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. May 15 1957 Blanche S. Eyler	M. B. Georges o Son. Thurwort, M.L.
- Marie 1701 January J. again	11. 11. Leading on marine 1 / ma.



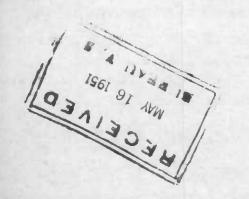
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(14881 Reg. Dist. No. 131

COUNTY Frederick MARYLAND	STATE Maryland COUNTY	Montg.
CITY (If outside corporate limits, write RURAL and OR give nearest town) Trederick LENGTH OF STAY (in this place) Trederick	OR RED Germantown	re nearest town)
HOSPITAL OR INSTITUTION OR Frederick Memorial Hospits STREET ADDRESS Frederick, Maryland	STREET (If rural, give location)	1
(Type or Print)	Snowden 4. DATE (Month) OF DEATH 5	(Day) (Year) 9 1951
Female 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED WIDOWED (Specify) WIDOWED (Specify) (Specify)	Vune 15 1889 6/ yra. Months.	Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business of Industry 100 Sework Home	11. BIRTHPLACE (State or foreign country) 12	COUNTRY? COUNTRY?
13. FATHER'S NAME Millard Bandolph	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	Millord & Randoff Jaseph	in Pa
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Hemorri		ril 26, '51
	-renal disease with oronary insufficiency	10 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Obesity	us	-5 years
II. OTHER SIGNIFICANT CONDITIONS Chronic cholecy: Conditions contributing to the death but not Chronic cholecy: related to the disease or condition causing death.	stitis with cholelithiasis	5 years
None Information from x-ray	ys, EKG and lab. tests	20. AUTOPSY? NO Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE NO INJURY	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While FINJURY NONE m. While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased fromJan.a		
slive on May 9, 1951, and that death occurred at (Degree or title)	ADDRESS and on the date sta	nated above. DATE SIGNED MAY 10, 51
23. BURIAL, CREMATION DATE NAME/OF GEMETER	heatre Building, Damascus, I	Maryland
Buriel (Specify) May 12/95 Volm We	/ · / / · / · / · / · / · / · / · / · /	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 18 May 195-1 Eliabeth S. Hech	Tof w Borber Rottons	vallety
		-



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04882

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	010.11
TREDUCE MARYLAND	Mayland	Tudent
OR give nearest town) Surresured (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Brunswick	nearest town)
HOSPITAL OR INSTITUTION OR 323 East Plane &	STREET 323 Gast forsman S.	7.
3. NAME OF DECEASED (First) Calvin Carnest S	houseller 4. DATE (Month) OF DEATH	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Surgle	8. DATE OF BIRTII 9. AGE last birthday If uoder I	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even il retired) 10b. Kind of Business or Industry 10c. Kind of Business or Industry 10c. Kind of Business or Industry 10c. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
William L. Shonseller	Linea 6. Sugar	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Arria Barger Shorreller Brusser	ich md.
18. MEDICAL CE	RTIFICATION	I
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Congratul	Jusphersholm	26 mitte
752X Antecedent cause(s) Diseases or conditions, il any, giving rise to the above cause stating the underlying cause last	must drown	26 mits
15 /a seeing one and the seed of the see of the see of the seed of	(undere relation - Man	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-2.	, 1949, to 5-17-, 1951, that I last sa	w the deceased
alive on	ADDRESS, from the causes and on the date sta	ted above. DATE SIGNED
my thurse	Soll Johnson C.	5-18-51
(Silver Specify) 5-19-1951 St. Mar	· · · · · · · · · · · · · · · · · · ·	y land,
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PROVIN	24. FUNERAL DIRECTOR Bullswick	ADDRESS



rect age

MARYLAND STATE DEPARTMENT OF HEALTH

04883

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTYFrederick
MARYLAND STAY (If outside corporate limits, write RURAL and LENGTH OF STAY	Off (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town k-Rural RD#1 26n this place)	OR Frederick-Rural RD#1
HOSPITAL OR INSTITUTION OR STREET ADDRESS McKaig	STREET (If rural, give location) ADDRESS McKaig
3. NAME OF (First) (Middle) DECEASED LUCY ELIZABETH	(Last) 4. DATE (Month) (Day) (Year) SPONSELLER DEATH 5 5 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED; WIDOWED, WILLOWSED, (Specify) WILLOWSED,	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. 83 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done-during most of working life, even if retired) 10b. Kind of Business of Industry At Home	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
B. Franklin Hall	Sydney Ann Sheetenhelm
15. WAS DECRASED EVER IN U.S. ARNED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS R. F. D. #1,
(Yes, no, or unknown) (If yes, give war or dates of None	Mrs. Ida Carpenter, Frederick, Md.
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
	20 11
Immediate cause (a)	attended to the fight to the first t
422,2 Antecedent cause(s)	
Diseases or conditions, if any, (b)	
93.2 giving rise to the above cause attaing the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No XX
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY Not While at Not While Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from the land	
alive on 1921, and that death occurred at SIGNATURE (Degree or title)	3:45 P m., from the causes and on the date stated above. ADDRESS DATE SIGNED
	Frederick, Maryland 7 May 1951
Burial (Specify) DATE THEREOF NAME OF CEMETER MOUNT Olivet	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Thomas 1957 Eliabeth y. Hack.	M. R. Etchison & Son, Frederick, Maryland

LORDAN Ve Se

2411 N. Charles Street, Baltimore

04884

CERTIFICATE OF DEATH

Reg. Dist. No. 144

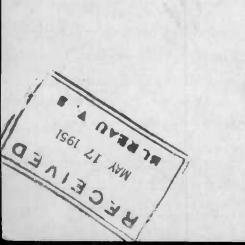
1. PLACE OF DEATH: COUNTY Fuederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	7.1.1
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	Maryana	reacute
OR givo nearest town) Grackand (in this place),	CITY (If outside concerate limits, write RURAL and giv	0
HOSPITAL OR	STREET (If rural, give location)	al
INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Widdle) (Type or Print) Amanda (Cebecca)	Still . DATE (Month) OF DEATH May	(Day) (Year)
J. SEX Temale White Specify bedowed	8. DATE OF BIRTH 9. AGE last birthday Months Months	1 year If under 24 bra
10a. USUAL OCCUPATION (Give kind of work of the done during most of working life, even if retired) INDUSTRIAL TRUESCOOLER	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAME Jacob Masteri.	14. MOTHER'S MAIDEN NAME POSSESS	ell.
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Semuel Sowers Since	la Mel
18. MEDICAL CE		cam ma
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10.11.10.11.10.11	INTERVAL BETWEEN
. DISEASES ON CONDITIONS DIRECTLY BEADING TO DEATH		ONSET AND DEATE
Immediate cause (a)	myscarchitis	5
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	levosis	?
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 14
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec.	, 1950, to May // , 19.5 , that I last s	aw the deceased
	10 P. m., from the causes and on the date st.	
alive on	ADDRESS	DATE SIGNED
M. Frahli Ding The	Hurmont Med. May	12 1951
23 BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) May 13. 1951 Net - Pracy	The state of the s	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGMAN 13 195-1 Blandle S. Eyler	24. FUNERAL DIRECTOR L B. S. Celaser & Son Thurn	ADDRESS PL
	111111111111111111111111111111111111111	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

826

VS. A15



5

important

PLAINLY sespecially

(E)

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04885

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Frederick COUNTY Frederick Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN give nearest town Braddock Heights Braddock Heights TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS Jefferson Boulevard Jefferson Boulevard 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED BESSIE Catherine THACKSTON 20 (Type or Print) DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs | K | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Married Female 30 Oct 1894 White 10a. USUAL OCCUPATION (Give kind of work) 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Manager Trisurance Dept retiral surance Business COUNTRY? USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amideas C. Wilhide Mary S. Devilbiss 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or detes of None Henry Thackston, Braddock Heights, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Coronary Occlusion Immediate Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deeth but not related to the disease or condition ceusing death. 19e. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) office hldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while work at work 22. I certify that I took charge of the remains described above, held an Autopsy []. Inspection 🗶 Inquiry 🕱 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceosed died on the day stated above, and death in my opinion resulted from: natural causes XX accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED Deputy Medical Examiner, Frederick, Maryland 20 May '51 NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) 23. BURIAL, CREMATION BULLAL (Specify) 23 May 1951 Mount Olivet Cemetery Frederick, Maryland REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland

BUREAU R. MARINA.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04886

CERTIFICATE OF DEATH

1. PLACE OF DEAT COUNTY Free	derick	MARYLAND	2. USUAL RESIDENCE (I		COUN1	r¥Freder	ick
CITY (If outside OR give neares	corporate limits, write RURA tt town)Frederick	AL and LENGTH OF STAY Line this place)	OR Freder		RURAL and g	ive nearest to	own)
HOSPITAL OR INSTITUTION O STREET ADDRE	R Fradoriak M	emorial Hospital	STREET ADDRESS 13 H	(If rural, Hamilton A	give location) Avenue		
3. NAME OF DECEASED (Type or Print)	(First) CHARLOTTE	(Middle) INEZ	(Last) VIRTS	4. DATE OF DEATH	(Month)	(Day)	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SHNGDE, MARRIED, WIDOWED DIVORCED, (Specify) Married	15 March 1910	9. AGE last birt	thday If under Months	r l year If u	nder 24 hrs urs Min.
done during most of House-Wi	PATION (Give kind of work working life, evon if retired)	10b. KIND OF BUSINESS OF INDUSTRY HOUSE-WORK	Maryland			12. CITIZEN COUNTRY?	OF WHAT USA
Charles H			Bertha M. Wil	hide	2 Uamil+	on A==0	
15. WAS DECRASED E	EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No. None	Leon J. Virts,	ADDITESS	3 Hamilt rederick		,
Immedia	ent cause(s)	acuto Myeli	genour Les	rhemia	ر	ONBET AN	ND DEATH
74 a stating the	conditions, if any, (b) to the above cause underlying cause last (c) ICANT CONDITIONS			**************************************		<i>A</i>	\$
Conditions contrib	outling to the death but not use or condition causing deat	h. animia +	2 Exhaustion	,			
19m. DATE OF OPP	GRATION 196. MAJOR I	FINDINGS OF OPERATION				Yes 🗌	NoXQC
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	rown)	COUNTY	(STA	TE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	125 to		
alive on?	Curine Fa	(Degree or title) Long M. D. OF NAME OF CEMETE	12:15 P m., from the ADDRESS Frederick, Mary	causes and or	n the date s	DATE S May 19	re. SIGNED
DATE REC'D BY	1		24. FUNERAL DIRECTO M. R. Etchison)R		ADDRE	
1							



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04887

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Frederick MARYLAND	STATE Maryland Frederi	ck
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town Unionville (in this place)	CITY (If outside corporate limits, write RURAL and give of TOWN Unionville	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) JESSE T. W	EST DEATH May 22.	1951 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under Months	1 year If under 24 hrs. Days Hours Min.
male white (Specify) married	10-21-1895 55 yrs.	
done during most of working life, even if retired) done during most of working life, even if retired) self—caployed	Maryland U	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John West	Mollie Butler	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) W. • •	17. INFORMANT AND ADDRESS	
	Mrs. Lottie West, Unionville,	Md.
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONEET AND DEATH
Immediate cause (a) Uremia		1 welk
Immediate cause (a) (b) Curhasis (fan (fan (a)	inecis)	10 yes.
1240 stating the underlying cause last (e) Hypertensine	C.V. D.	suprom
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No [
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. /	1050 may 22 105/ 11-17	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last s	aw the deceased
alive on May 22, 19.5/, and that death occurred at/	ADDRESS m., from the causes and on the date st	ated above. DATE SIGNED
M. E. Robertson M.D.	new Windsor, ma.	5/23/51
BURIAL (Specify) 5-25-1951 Linganore	RY OR CREMATORY LOCATION (City, town, or coun Frederick Co.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
men 2/5/ /setters	C.M.Waltz, Winfield, Md.	
1 me	57	0246



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04888

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	1	2. USUAL RESIDEN	CE (HOME) O	F DECEASE	ED.		
COUNTY Frederick MAR	YLAND	STATE Mar	yland		COUNTY	Frede	rick
CITY (If outside corporate limits, write RURAL and OR givo nearest town) Frederick Lin	this place)	CITY (If outside c	ederick	write RURA	L and give	nearest to	own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1614 North Market Str		STREET	14 North	rural, give io Market	Stree	t	
3. NAME OF (First) (Middle)		(Last)	1 4. DAT	E (Me	onth)	(Day)	(Year)
(Type or Print) MOLLIE EVA		WINEBRENER	OF DEA	тн Ма		5	1951
5. SEX 6. COLOR OR RACE 7. SINGLE, M7		8. DATE OF BIRTH		st birthday		year If u	
Female White (Specify)	ingle	June 9, 186		85 yrs.	Months 1	Days Ho	ure Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF	BUSINESS OR	11. BIRTHPLACE (S			12.	CITIZEN	OP WHAT
done during most of working life, even if retired) INDUSTRY Inst	itution	Marylan	d		C	OUNTRY?	USA
13. FATHER'S NAME		14. MOTHER'S MAI					
Edward J. Winebrener, Sr.		Caroline	Ebert				
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE	CURITY No.	17. INFORMANT A	ND ADDRES	S			
(Yes., no, or unknown) (If yes, give war or dates of None		Miss Carolin	e Winebro	ener. F	rederi	ck. M	d.
18.	MEDICAL CEI						
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO I	EATH						BETWEEN D DEATH
	, 1		,			ONDE! AN	DEATE
Immediate cause (a) (a)	ebras	hemor	ma	9e		42	our
231X 4-1-1-1-1		DD.					
Solva Antecedent cause(s) Diseases or conditions, if any, (b)	no s	chirous				209	varg
giving rise to the above cause stating the underlying cause last		^	\$5.5.00 50 50 00 00 00 00 00 00 00 00 00 00 00 00 0		***************************************		
stating the underlying cause last							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF O	PERATION				1	20. AUT	PSV?
21. ACCIDENT (Specify) PLACE (Home, farm,	factory, street,	CITY	OR TOWN)	(0	OUNTY)	(STA	No 🗆
SUICIDE OF office bldg., etc.				, i		(0.23	
TIME (Month) (Day) (Year) (Hour) INJURY OCCU		HOW DID INJURY	Y OCCUR?				
	t While						
	2 /						
22. I hereby certify that I attended the deceased from	n harch.	1., 19.5.1., to?	ray J., 19.	J , that	I last say	w the de	eceased
alive on	accounted at	7:00 A fun	/ the earner o	nd on the	Jaka _4_4		
SIGNATURE (Degree	or title)	ADDRESS	the causes a	me on the	uate stat	DATE S	
		7, 0.	9	0			
W W. Amer m &		J'referice					
TO THE PERSON AND THE ADDRESS OF THE		RY OR CREMATORY					(State)
Burial May 1, 1951 Mot	int Olive	t Cemetery		rederic	k, Mar	yland	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		24. FUNERAL DIRE				ADDRE	
Thian 1951 Elizabeth y. H	rech.	C. E. Cline	& Son,	Frederi	ck, Ma	rylan	.d

